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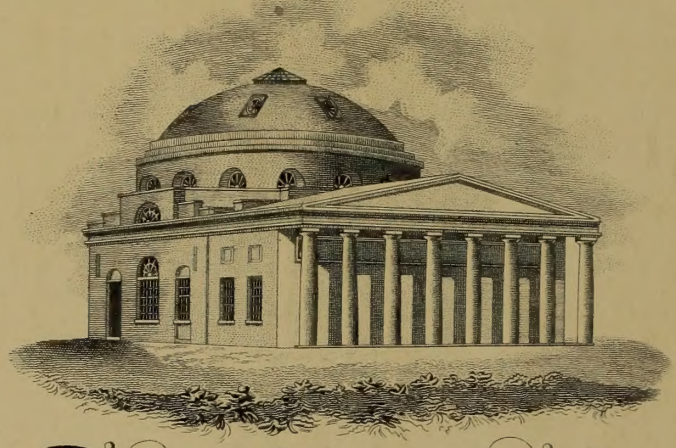

University of Maryland

University of Maryland Theses

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University of Maryland Theses

Early Doctor of Medicine and Doctor of Physic Dissertations with Corrected Tables of Contents

These manuscripts described as either an Inaugural Dissertation or an Inaugural Essay were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Physic during the years 1813-1887. The individual dissertations were bound together during the 1940's. The original tables of contents for the bound volumes contained multiple errors in authors' names, titles, and/or years. To address these errors, an additional "Corrected Table of Contents" has been inserted at the beginning of each volume.

The project team who investigated and corrected the tables of contents were Richard J. Behles, Historical Librarian/Preservation Officer; María Milagros Pinkas, Metadata Management Librarian; Angela Cochrane and Carol Harling-Henry, Resources Division; Sarah Hovde, Abra Schnur and Megan Wolff, Services Division.

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UNIVERSITY OF MARYLAND

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Author	Title
Jones, Henry M.	Yellow Fever
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Spicer, Hiram L.	Apoplexy (Faded. Stained.)

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UNIVERSITY OF MARYLAND

Theses

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18923

An Inaugural Dissertation On Ovulation &c.

Submitted to the examination of the Provost Regents and Faculty of Physic of the University of Maryland for the Degree of Doctor of Medicine

by

Powhatan Bledsoe.

of Virginia.

1860

Description of the Ovaries, Graafian folicles; Corpus luteum; Passage of the ovule along the fallopian tube; Preparation of the uterus for its reception; and changes of the ovum up to the attachment of the placenta.

The ovaries are two ovoidal bodies, situated between the folds of the broad ligaments of the uterus on the one and the other side, in the cavity of the pelvis.

They are about one inch long half an inch in width and a little less than half an inch thick.

The ovaries besides being covered with peritoneum have a proper covering of fibrous membrane, the

tunica albuginea. The stroma is a fibrous membrane entering into the formation of the substance of the ovary; and sending in partitions or septa between each one of the ten or fifteen Graafian follicles.

The ovaries are attached to the uterus by the ovarian ligament to which are fibrous cords extending from the angles of the uterus to the ovaries. They are also attached to the fallopian tubes by a long fimbria of the fimbriated extremity of the fallopian tubes. The Graafian follicles are about fifteen in number in each ovary. They consist of an outer or contractile membrane; a

middle or non contractile membrane and an inner or granular membrane. The granular membrane is an inner coating formed of a granular substance which is suspended in a fluid, and is called membrana granulosa. Each Graafian follicle contains an ovule. The ovule is situated in the Graafian follicle and is composed — 1st of the discus proligerus which is an aggregation of granules around the ovule and which is absorbed during the transit of the ovule along the first half of the fallopian tube — Secondly the zona pellucida which is destined to be converted into the outer chorion — Thirdly the vitellus

or yolk. Fourthly the germinal vesicle which is situated inside of the yolk and fifthly the germinal spot, which is situated inside of the germinal vesicle. At the age of fourteen or fifteen years the ovaries, and constituent parts become fully developed. This period is accompanied with some degree of indisposition on the part of the female; and the peculiarity of manner and disposition so peculiar to this set is now fully developed. The above change is marked by the appearance of a bloody mucous fluid discharge from the vagina in every respect resembling blood with the exception of coagulability. This discharge

is an effusion of blood from the inner or mucous surface of the uterus; mixed with ~~with~~ the mucous secretion of that organ, and the acid secretions and tessellated epithelium scales from the vagina. This flow makes its appearance once in every three or four weeks, and continues from three to six days and is known as the catamenial flow or menstruation. Dr Colell of the University of Virginia thinks it impossible for the female to become impregnated without it happens within a few days previous to or twelve days after menstruation. Dr Miltenberger thinks the female may be impregnated at any time between the menstruations.

I am disposed to take the latter view: but think at the same time that impregnations at any period later than twelve days after menstruation is of rare occurrence; and when it occurs at a later period is it not to be attributed to the lingering excitation of the last menstruation together with aphrodisiac excitement which hastens the developement, and discharge of ovules which were not ready for liberation at the last menstruation?

Menstruation is accompanied by great vascular and nervous excitement of the generative organs, a thickening of the mucous coat of the uterus; bursting of the graafian follicles, and discharge of the ovules into the fimbriated extremity

of the fallopian tube. The fimbreated extremity of the fallopian tube applies itself to the ovary and grasps it by its fimbriae and receives the ovule into its pervious extremity. The discharge of ovules takes place every menstruation whether coitus or fecundation takes place or not.

The rupture of the graafian follicle and liberation of the ovule of course leaves a cavity in the ovary out of which the ovule escaped. The changes that this cavity and its membranes undergo constitutes the corpus luteum. The outer layer of the corpus luteum is contractile in its nature. The middle layer, and membrana granulosa are not.

After the liberation of the ovule the outer layer contracts and throws the non contractile layers into folds, and convolutions.

In this way the cavity is closed up; and a cicatrice is formed which is called the corpus luteum. Sometimes blood is effused into the cavity which undergoes discoloration and absorption. This process in impregnation is much more tardy than when impregnation does not occur. The corpus luteum is much firmer, larger and lasts much longer when it is accompanied with impregnation than when it is not. The above difference is accounted for or attributed to the long continuance of the nervous

and vascular excitement of the parts.
We left the ovule in the first part of the fallopian tube, surrounded by the discus proligerus which discus is absorbed during the passage of the ovule along the first third of the fallopian tube.

As the ovule approaches the middle of the fallopian tube it begins to receive a new investment of albuminous matter which is found on the exterior of the zona pellucida
Some authors say this outer albuminous coating enters into the formation of the chorion. Dr J S Cabell expressed the above view. Some again are of the opinion that the albuminous coating is absorbed and serves

as a source of nutrition for the ovum. Fecundation generally takes place somewhere in the fallopian tube immediately after which, segmentation of the yolk commences. This process is marked by the division of the yolk first in to two segments of equal size, then into four, eight, sixteen and so on until the whole yolk presents the appearance of a finely divided granular mass, which is called the mulberry mass. Each division or granule above spoken of is supposed to contain a portion of the germinal spot. The ovum is about twelve days in passing from the ovary to the uterus. The uterus being prepared to receive it.

its walls are almost in apposition or quite so except at the opening of the fallopian tubes, and the thickened and congested mucous membrane ready to form the decidua. If fecundation does not take place before the ovule enters the uterus the above preparation is not made, the uterus will not be found in such a state of vascularity nor will its walls be in such close apposition. If the ovule reaches the uterus before the above preparation of the organ takes place the ovule drops down into the cavity of the organ in consequence of which we may have a bona

attachment of the placenta and some times placenta previa.

The ovum having arrived at the uterus it falls into one of the pits formed by the convolutions and folding of the thickened mucous membrane of the uterus. The mucous membrane gradually closes around the ovum giving the appearance of the ovum having pushed the membrane before it. This is the decidua reflexa. The undisturbed portion of the membrane is called the decidua vera, and that portion of the membrane which closes in behind the ovum is called the decidua serotina.

The decidua serotina becomes the place of attachment of the placenta which is effected by the interposition of the chorion and vessels of the allantois hereafter to be described.

We left the ovum in the convolutions of the mucous membrane of the uterus from which the villous or shaggy coat of the chorion absorbs nutrition. The yolk after undergoing segmentation undergoes another considerable change. The cellular granules arrange themselves into rows around the inner side of the chorion and become concreted into two

distinct membranes. First an outer serous membrane from which the skin, bones, muscles, hair, and nails are developed. Secondly the inner or mucous membrane from which the viscera are developed. Thirdly and lastly the vascular or middle membrane from which the vascular system is derived. The external or serous layer now becomes thickened at a spot corresponding with the point at which the first appearance of the embryo is to be developed. By a process of infolding of the serous

and mucous membrane the
cordal and cephalic extremities
of the embryo are made evident
also a groove leading from the
cephalic to the cordal extremity
which is called the primitive
groove The outer or serous
layer is now reflected from
the front or abdominal aspect
of the embryo to its dorsal
surface where they meet,
forming a complete envelope
or bag around the embryo
which investment is called
the amnion. The serous
membrane is now reflected
around on the inner side

of the chorion forming the second chorion. The inner or mucous membrane — a portion of this layer enters into the formation of the viscera of the embryo and a portion forms the umbilicle vesicle which communicates with the intestinum ileum of the embryo by the means of the vitellary duct. The umbilicle vesicle contributes to the nutrition of the embryo till it is absorbed. The omphalo-mesenteric vessels ramify upon the walls of the vesicle; their trunks, arteries and two veins enter the abdomen at the umbilicus with the vitelline duct.

The allantois is formed by a process of cell growth and development which takes place in the primitive groove at the caudal extremity of the foetus. This process of growth continues until it rises out of the abdomen behind the ~~umbilical~~ vesicle ~~until it~~ and reaches the inner surface of the chorion. It ramifies over the most of the surface of the chorion forming as it were the third chorion. Through the medium of the chorion the vascular allantois communicates with the vascular decidua at which place the placenta is formed. When this communication is esta-

blished the vascularity of the chorion with its shaggy villi disappears except at the point of placental attachment. The mucous membrane of the uterus also undergoes atrophy except the decidua serotina to which the placenta is usually attached. By this time the contents of the umbilicle vesicle are exhausted and disappear. Now the foetus is nourished partly by epidermic absorption from the amniotic fluid, and partly from the mothers blood. This last is effected through the medium of the umbilicle vein, and two umbilicle arteries. The vein conveys the pure blood from the

placenta to the foetus, and the two arteries return the impure blood to the placenta. This same source acts the part of a respiratory apparatus for the foetus, it having no other source of obtaining oxygenated blood. There is no direct communication or mingling of the blood of the foetus with that of the mother. The knuckle-like projections of the vessels of the ~~[illegible]~~ placenta burry themselves into the thin walls of the sinuses fretting the thin endangium before them and exchange their contents by the process of transudation

It is a question among authors whether the foetus furnishes the entire placenta or whether the foetus and mother both contribute to its formation. Dr Meigs holds the former opinion whilst many late authors hold the latter. It may be readily inferred from the views set forth in this thesis that the writer is also in favour of the latter view. If the congested mucous membrane is recognized as the decidua and forms the source of attachment for the chorion and becomes intimately blended with the placenta and is thrown off with it, it must be a part of it

Barbatus. Bledsoe

An
Inaugural Dissertation
on
Tedious Labor
Submitted to the Examination
of the
Provost Regents and Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
By
A. J. H. Lansford

Tedious Labor.

When labor is prolonged beyond the usual limit, by causes which generally delay labor in the first stage, and is terminated without manual or instrumental assistance, it is called tedious labor.

Labor may be prolonged in either the first or second stage, and "Obstetricians" state that extended observations have proved, 1, that when the delay is excessive, the relative duration of the two stages is destroyed, so that they bear no steady proportion to each other: 2, that the effects of a prolonged labor upon the

constitution of the patient, depends upon the stage in which the delay occurs; and 3. That delay in the first stage involves very little if any danger, no matter how tedious it may be, but that delay in the second stage, beyond a comparatively short time, is always of serious import.

Symptoms— It has already been stated that delay in the first stage involves very little if any dangers as regards either the mother or child; but we sometimes find that the patient is very much

fatigued from the continued suffering, and in women who are nervous, the loss of sleep very much felt. But this however, is no bad symptom, the pulse is quiet the skin cool, the tongue clean and moist. Sometimes along with this, the patient suffers slight nervous disorder, such as headach, and also slight disturbance of the stomach, but all other bodily functions, are performed in a healthy manner. The pains recur regularly, though they are inefficient in power, and limited in extent.

Still, the patient is in a favorably condition. The strenght of the patient in delay of the first stage is very seldom impared, and she often gets some quiet sleep which prepares her for her future sufferings.

The causes which delay labor in the first stage are as follows: 1, inefficient action of the uterus; 2, undilatable os uteri; 3, to great a quantity of liquor amnii; 4, toughness of the membranes; 5, premature escape of the liquor amnii; 6, obliquity of the uterus, all

of which require different treatment. Therefore I will notice in the first place in what constitutions this inefficient action of the uterus is most likely to occur, ~~then~~ the symptoms and treatment.

This generally occurs in delicate women confined for the first time. It also arises from constitutional weakness, intestinal disturbance &c. But frequently women who are very weak, and also in women who are very greatly diseased are sometimes delivered without the slightest difficulty. When the uterus

is inefficient in power, there are feeble pains of short duration and limited in extent. When the intestinal canal is deranged these feeble pains are mixed up with griping pains in the abdomen, which sometimes moderate or supersede the real pains.

In the treatment of such cases what is to be done? The first constituent principle in the management of such cases is time. We should exercise patients ourselves and also encourage our patient to do so. She should not lie down, but

walk about, and rest on a sofa, taking the pains either standing or sitting. If the bowels be constipated they may be relieved by a mild cathartic, either administered by the mouth or rectum. Perhaps the best mode is by an enema of a stimulating character as they very frequently quicken the action of the uterus.

But sometimes these remedies are of little or no use, and the patient is very much fatigued from the suffering and loss of sleep; then the best ~~that~~ thing that can be done is

to administer a full dose of opium to suspend the pains and procure rest. When the disturbance of the intestinal canal is the cause of delay or the cause of the inefficient action of the uterus it will be proper to evacuate the bowels before the employment of an opiate. After the administration of these valuable remedies the patient often gets a short quiet sleep. If they succeed she will awake refreshed and strengthened, and the pains return with increased strength.

Shove these remedies all fail and there are plethora of the uterus, or irritation of the cervix uteri, blood should be taken from a large orifice, which will sometimes increase the strength of the pains.
Should the pains not increase in force opium may be given for temporary relief.
Another very important remedy is the ergot rye, which from its direct action upon the uterus increases its action. When the remedies that have been already mentioned do not succeed in relieving the condition of the

os uteri and there be no counter-indication the ergot may be administered with very great advantage.

Other remedies have been recommended such as borax, and galvanism but ~~is~~ are of little use.

The second cause which is undilatable os uteri generally occurs in the first confinement and in advanced age. It sometimes gives way however within a reasonable time. But sometimes it does not, and on examining the cervix uteri, we rather find the lips hard, thin, and

and rigid, or soft, semi-pulpy or oedematious, and that very little progress made during each pains. These pains are sometimes very frequent and severe notwithstanding the slight effects they seem to produce. It is said that the soft and pulpy cervix is as unmanageable as the thick and hard.

Treatment— Perhaps if these cases were left to the assistance of Nature it would be accomplished without any int interference whatever, by the action of the expelling forces, at the expence of a considerable fatigue.

But as these cases very seldom occur it is undoubtedly better for us to use our remedies after waiting a reasonable time for Nature to complete the process.

The remedy usually employed is "venesection". The blood should be taken from a large orifice. It is said by many "Obstetrician" that blood taken as to produce faintness is much better than taken in smaller quantity; after which if the patient feel fatigued an opiate would be proper to procure rest.

Should the venesection only partially relieve the condition of the uterus, the administration of "Tartar emetic" in nauseating doses would be of great value.

Many other remedies have been advised by different "obstetricians" such as emetics, and tobacco enemata; but other medicine are fully as effectual, and much more pleasant.

"Belladonna was also recommended". "Dr Rigby" says he has seen this application tried time and again, and it has nev-

ier produced the ~~sig~~ desired effect; but has invariably brought on very troublesome and distressing symptoms, such as sickness, faintness headach &c.

3. It sometimes happens that there is too great a quantity of liquor amnii probably from some inflamatory state of the amnion. In other cases the bulk of the contence of the uterus is increased from ~~the~~ a quantity of fluid being found between the amnion and chorion. This over distention of the parts does not involve any danger whatever as regards the

Mother, but it impairs the uterus, and prolongs the first Stage. In the treatment of such cases we are first to be certain that this is the cause of delay, We may administer "opium" if thought necessary to procure rest. If then there be no improvement, and the presentation natural, and the os uteri dilatable, the Membrane may be ruptured,

4. Another cause of delay is toughness of the Membrane, which causes the liquor amnii to be retained sometimes, thus causing the more forcible con-

traction of the uterus.
When such is known to be the cause of delay, the remedy is to rupture the membranes.
5. Premature escape of the liquor amnii is also another cause of delay, by making the head of the child the dilating power, as the "bag of waters" effect mechanically the dilatation of the os uteri when present, and in the absence of the "bag of waters", of course the head has to perform that office for which it is by no means so well suited.
In the treatment of such cases if the os uteri be not rigid.

and the pains active, all that is necessary is time. But if the pains are weak, and the os uteri undilatable we may then resort to blood-letting and opium.

6 Obliquity of the uterus is said to sometimes to be the cause of delay, by destroying the unity of axis of the uterine cavity and pelvic brim, so that the head of the child is not applied in a right direction to the brim.

All that is necessary in the treatment of such cases is to place the patient on the

opposite side to the inclin-
ation, and have patient.

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An
Inaugural Dissertation
On Pneumonia
Submitted to the examination
of the
Provost Regents and Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
James Fife Hughes
of
Virginia

Pneumonia

Pneumonia consists of inflammation of the parenchymatous spongy tissue of the lungs. This is composed of the terminal branches of the bronchial tubes, bloodvessels, nerves, lymphatics &c &c surrounded and bound together by areolar tissue; and whenever any one of these is attacked by inflammation it quickly extends itself to the rest.

Pneumonia is an exceedingly important and a very common disease; especially in climates of variable temperature. In order to better understand the the symptoms and signs of the disease we shall first describe the anatomical or pathological lesions found in the organ of its seat, after a fatal termination.

The disease has three distinct stages, 1st That of inflammatory engorgement or congestion 2d that of hepatization, and 3d the stage of purulent infil-

tration, Each of these stages requires a separate consideration, In the first stage or stage of congestion the lung presents several changes as variations from its healthy condition, It will not collapse as in health and its external surface is deep red or of a more or less violet hue, when an incision is made into its substance it is found to be redder than in health and it pours out abundantly a red dish bloody serum which is sometimes more or less frothy, The affected part is denser and heavier than the healthy tissue; still crepitates and pits on pressure, and is less tenacious, If closely examined there may be observed, scattered throughout the affected part, numerous small, hard points, which shows that the second stage is beginning to make its appearance,

The second stage or hepatization is characterized

by still farther changes. The lung is more solid and friable, and is easily broken down when pressed between the fingers. It has ceased to crepitate on pressure, is much heavier and if a portion of the affected part be placed in water it sinks. Yet the whole lung does not sink, because of the air retained in the bronchial tubes. The color varies from a deep red, reddish brown, to a pinkish gray hue. When cut no fluid escapes unless pressed and then a thick, reddish fluid exudes, much less in amount than in the first stage. The tissue of the lungs very much softened so that the finger may easily be passed through it with but little resistance. When torn it presents a granular appearance, numerous little solid bodies the size of a pin's head or smaller which gives to it the appearance that the liver presents and hence its name Livery. This depends on it is enfoved

a deposit of lymph within the air cells or more probably around the cells compressing and obliterating them This change is not always equably diffused throughout the whole lung, but may be confined to one or more lobes and gives the same appearance, When this is the case the disease is commonly denominated lobular pneumonia. It most frequently occurs in children, but it may occur in adults of weak cachectic constitutions, The fact of its occurrence in children is accounted for by some on the grounds, that the lobes are less closely connected to each other, that the sulci between them are deeper than in adults; thus forming a barrier to the progress of the inflammation, Hepatization does not always take place, but in a vast majority of cases, in fact it occurs in nearly all cases before the termination of the disease,

When the lung does not present the granular appearance it is said to be splenetized (that is, either solidified) because it presents the character of the tissue of the Spleen. It is supposed to be due to venous congestion. This condition is most frequently observed at the base of the lung. Another change sometimes observed is that which is termed carnification in which the tissue of the lung presents the appearance of beef as prepared by the cook for steak, being red & tough, and considered as the result of chronic inflammation, or of pleurisy.

The third stage is that of purulent infiltration. At this stage of the disease the lung presents a pale yellow or straw color which it is presumed to be due to the conversion of lymph into a solid concrete substance. As first observed the color is confined to small spots or patches scattered through the

substance
of the lung, and which soon coalesce so as to present a continuous yellow tinge. If squeezed a thick yellow purulent fluid exudes. The tissue is exceedingly soft & easily drops to pieces; and if the finger be passed into it the opening speedily fills with pus very much resembling abscess. This stage is termed by Laennec "Gray Softening" hepatization" and by Andral "Gray Softening, such terms are very affliable when the disease occurs in old persons whose lungs are of a much darker appearance than that of young adults. The yellow pus mingling with the dark lung tissue gives it this characteristic gray appearance. The three stages are often found to exist at the same time, when this is the case the lower portion of the lung is generally in the third stage, a small portion of the apex in the first, while the body of the organ intervening is in the second

stage, or stage of hepatization. This latter condition is found to be present in nearly all cases and frequently occupies nearly the whole lung.

The formation of abscess is termed by some the fourth stage of the disease. It is exceedingly uncommon and is due to the collection of the purulent fluid in a cavity instead of its diffusing itself in the tissue throughout the affected part. Abscess when formed at all is found in the third stage. Its occurrence does not render the disease necessarily fatal. Yet it is an exceedingly unfavorable result in pneumonia. The patient rarely ever recovers under such circumstances.

I witnessed a case of pure pneumonia in the Baltimore Infirmary during the present session (1859-60) which resulted in a well defined cavity in the upper part of the left

lung. The disease was excited from the escape of a chinquapin hull into the windpipe which found its way down into the bronchia producing intense irritation and subsequent inflammation. The first effects were incessant paroxysms of coughing, attempts to vomit and great dyspnoea. These effects subsided after a time. In about three days however the symptoms returned with greater violence and during an effort to vomit the chinquapin shell came away together with about half a pint of pus which evidently escaped from a cavity. On the application of the Stethoscope well defined cavernous respiration could be distinctly heard under the left clavicle. Dr Chew had the case no change and effected a perfect cure.

Another change is the occurrence of gangrene which however is still more rare than abscess. This

doubtless depends on a vitiated state of the blood and occurs in asthenic cases of the disease. It is usually confined to a limited portion of the lung but may invade the whole structure almost. It imparts to the organ a greenish brownish or blackish appearance and a greater amount of moisture than in health. This condition of the affected part is said to resemble in appearance an eschar produced by the application to living tissue of the nitrate of Silver, eight or ten days after its formation. In some instances the gangrenous matter escapes into the bronchial tubes and is expectorated, or as is sometimes the case gives rise to suffocation. In other cases it may perforate the pleural sack and thus give rise to pleuro-pneumonia, or hydro-pneumo-thorax.

"Bronchitis being nearly always a concomitant of pneumonia its traces are generally observed in

the mucous membrane of the tubes. The pleura is nearly always inflamed yet doubtless it may escape altogether as when the inflammation in the lung is deeply seated, Dr Chew thinks however the inflammation is almost invariably present; that it is sometimes concealed by false membrane which if removed will bring into view the inflamed surface of the pleura.

Pneumonia attacks the right lung much oftener than the left in the proportion of five to three. This may possibly be due to greater size of the tube on the right side. The disease occasionally occurs in both lungs at the same time and frequently extends itself from one side to the other during the disease. It usually commences at the base and posterior portion of the lung within its structure and its tendency is always to extend upward,

Duration of the several stages This varies very much in degree, The first stage generally lasts from two to three days, It may terminate in twenty four hours in weakly cachectic constitutions, while on the other hand it may continue for seven or eight days. The second stage continues usually from one to three days; the third from two to six days. All these stages differ however very much in length.

Symptoms and signs of the acute or sthenic form of the disease, These are partly local and partly general, The most important local symptoms are pain in some portion of the chest, fever, frequent breathing, dyspnoea, cough, and expectoration

The disease usually makes its onset with a chill followed by inflammatory fever, - but in some instances it is preceded by premonitory symptoms such as lassitude, loss of appetite & cough, or the

symptoms presented by catarrh. And these may last for several days before the disease becomes fully established. Most generally the disease is ushered in by a distinct chill lasting from one to four hours and followed by febrile reaction. The temperature of the body is increased, the pulse accelerated, the face flushed, the urine scanty and high colored and more or less pain in the head and chest, with a sense of heat weight and stretch in the chest. The respiration is often very much hurried and laboring. In favorable cases improvement usually begins in three or four days which is indicated by an amelioration of all the symptoms, attended by critical discharges such as epistaxis, diarrhoea &c. Convalescence is often rapid, recovery taking place within a few days, while in some cases it is slow & protracted,

exacerbations occuring every evening for some time, with a remission of the symptoms in the morning. If the disease go on without this favorable turn having taken place, the above mentioned symptoms are increased, the dyspnoea is much aggravated, the respiration more hurried, which is an evidence of hepatization having occured. The febrile symptoms are more strongly marked and the muscular strength of the patient is greatly prostrated. If the patient still continue to grow worse, the pulse becomes weaker, febler and more compressible, the respiration more frequent and difficult, the muscular weakness and prostration greater, the lips pale or livid, the countenance haggard, the cough more frequent and the dyspnoea becomes more aggravated, the expectoration assumes a greenish

or brownish green hue and becomes fœtid, the skin is bathed in a cold clammy sweat, and finally the patient sinks into a comatose state and perishes.

The most remarkable phenomena in this disease are the chill which is usually distinctly and strongly marked, the frequency & fulness of pulse which is usually from an hundred to an hundred and twenty, and sometimes reaching as high as an hundred forty or even more. In some instances it is small & frequent which is due to venous congestion. Blood drawn during the stage of active vascular excitement presents the appearances of inflamatory blood. It coagulates promptly and is strongly cupped and buffed, showing that there is an excess of fibrine, in healthy blood the fibrine does not amount to over three parts in

the thousand, while in pneumonia it often varies from 4 to twelve parts. This condition of the blood renders liable the formation of clots of fibrine in the heart which is exceedingly dangerous giving rise, to speedy death. The urine is generally scanty and high colored and on being allowed to set awhile deposits a copious laterritious sediment of phosphates or lithates of lime and soda. The color of the face is in the early stage of a bright red or florid hue, frequently bounded by an abrupt border. At a later period it assumes a dark or dusky appearance, and still later after the third stage has become established it presents a yellowish tinge. Sometimes the circumscribed flush spoken of above is only observed on one cheek and generally on the one corresponding with

that of the affected side

Muscular weakness is a distinguishing mark of the disease, in which pneumonia differs from pleurisy and bronchitis, yet there are some cases in which this is not observable, when this is the case the lung certainly is not hepatized, allowing a free oxygenation of the blood,

Pain is nearly always present, In most cases it is experienced in the early part of the disease, in ten or twelve hours after the attack, while in others it is not felt under two or three days. The pain is generally more severe in the affected side and when on the right side it is seated usually in the region of the liver, Occasionally it is confined to a limited spot, and again it is more or less diffused over the greater portion of the lung. As to its degree it may be of a dull aching character

with a sense of heat weight and stricture in the chest; this last commonly it is acute and more or less intense, when very acute, it depends no doubt on the occurrence of pleurisy constituting what is termed pleuro-pneumonia.

The respiration is always hurried, sometimes increased to forty fifty or even sixty in the minute, and is often attended with great difficulty of breathing. Increased frequency of breathing is an invariable attendant on pneumonia, and is dependant on consolidation of the tissue of the lung and obliteration of the air vesicles. It is increased in proportion to the number of inhalations at the crisis. It is said the respiration is more frequent the dyspnoea greater when the inflammation is seated in the upper lobes

Cough is nearly always present during the course of the disease. It usually comes on in the early

stage shortly after the attack commences. As a general rule it is not very distressing, though occasionally it becomes quite violent, the cough in short & suppressed very much like that of pleurisy. Expectoration is exceedingly common and a highly important symptom yet it does not always accompany the cough, even though the inflammation be extensive. The sputa at first consist of mucous, but as the disease advances they become viscid, and tenacious, the tenacity is very characteristic of pneumonia. The sputa next become reddish or of a brick dust color. This rusty color is due to the minute intermixture of blood with the mucous and is distinguished from the sputum of bronchitis which is streaked with blood. When they are deep red containing much blood it indicates phthisis. This rusty color of the sputa is truly characteristic of pneumonia. During the third

stage it becomes muco-purulent or purely. The most remarkable characteristics of the sputa are the tenacity transparency rusty color afterwards.

In many cases the disease can not be distinguished by the general symptoms alone either from their absence or obscurity. The physical signs under such circumstances afford us almost the only means of diagnosis. The most important of these are fine crepitation, bronchial respiration, vocal resonance, vocal fremitus and dulness on percussion.

During the first stage of the disease, the healthy or vesicular murmur yields to another sound known as fine crepitation; a sound similar to that produced by rubbing a lock of hair between the finger and thumb near the ear. It strikes the ear as a succession of sounds or in vallies It is confined entirely to inspiration, and is

attributed by some writers to the exudation of lymph into the spongy tissue of the lung, around the walls of the air cells, pressing them together which separating from the entrance of air during the act of inspiration give rise to this sound. This is doubtless the true cause, it is usually heard first in the lower and posterior part of the lung. When distinctly heard it is an infallible sign of pneumonia the absence however is no proof that pneumonia does not exist. Percussion is not of much value in the first stage, there is often a slight degree of dulness depending on the presence of the effects of the inflammation present. The affected portion of the lung is more resistent which is imparted to the fingers when they are used as pleximeters.

In the <u>second stage</u> the signs are much more strongly marked. The dulness is now decided

over the affected part. Auscultation reveals the presence of bronchial respiration, broncophony & vocal resonance. Bronchial respiration is heard over the larger tubes near the root of the lungs and is greatly increased in strength and loudness. This increased loudness is due to the consolidation of the tissue of the organ which renders it a better conductor of sound. At this period of the disease the vocal fremitus is greatly magnified over the affected part. This is a mark of distinction between this disease and pleurisy. In the latter disease the vocal fremitus is decreased or entirely disappears. This sign is not always present. I witnessed a case in the Baltimore Infirmary of extensive consolidation in which it was wanting. Its absence is attributable it is supposed to a more densely solidification of the lung. Fine crepitation is frequently commingled with the signs

of the second stage. The signs of the third stage are not strongly marked. There is the same dulness on percussion, sometimes the bronchial respiration is somewhat diminished owing to the intervention of the muco purulent matter between the tubes & surface. Abscess is indicated by the cavernous respiration and gurgle, and by dulness on percussion.

If the disease be arrested in the second stage the symptoms soon subside. The lymph which has been thrown out during the congestive stage is gradually absorbed; the hepatization degenerates into the subcrepitant rale & finally gives place to the healthy vesicular murmur. The bronchial respiration gradually subsides to its healthy tone; the dulness disappears & the other symptoms pass away and the patient is restored to health.

If on the contrary the disease passes into the

the third stage the chances of recovery are greatly diminished. The respiration becomes more laborious the expectoration purulent; the face, livid & mottled, the countenance haggard & the skin bathed in a cold sweat, & finally death occurs. The disease however doesn't necessarily end fatally even after the third stage becomes established. The return to health is often marked by critical discharges, such as diarrhoea, perspiration, epistaxis, and an increase in the quantity of urine &c &c.

Diagnosis The diseases most apt to be mistaken for pneumonia are bronchitis and pleurisy. From bronchitis it is distinguished by the fine crepitation, the hurried respiration, rusty sputa, character of the cough, bronchial respiration and dulness on percussion. From pleurisy by the fine crepitation, sputa and premonitory, seat of dulness & bronchial respiration.

Complications. Bronchitis is very frequently associated with pneumonia sometimes throughout, but more frequently it is lighted up during the course of the disease. When pleurisy is present and strongly marked the disease is denominated pleuro-pneumonia. The symptoms in such cases are those which belong to the two diseases combined; as fine crepitation at first, which soon becomes indistinct owing to the presence of pleuritic effusion, dulness on percussion, absence of vocal fremitus, & bronchial respiration and vocal resonance. The pain is generally aggravated. Pneumonia is not unfrequently associated with tubercles in the lungs which ~~[illegible]~~ constitutes a grave complication.

The presence of hepatic disease is indicated by the yellowness of the conjunctiva and of the skin; by the heaviness of the mind and easy

tendency to stupor, also by the color of the stools &c. When the symptoms are strongly marked the affection is termed bilious pneumonia.

Other complications are such as Endocarditis, Pericarditis, diseases of the brain, phlebitis, Surgical operations & wounds of the lungs &c. The disease is said to arise sometimes from the absorption of pus by the veins which being carried to the lungs is deposited there as a foreign substance causing inflammation.

Asthenic or typhoid pneumonia occurs in weak and debilitated constitutions, or in persons whose systems have been greatly depressed by some poisonous influence acting on them. It usually makes its onset by a chill followed by an inflammatory reaction which is generally of a much feebler character than that of the acute

form of the disease. In some cases the depressing influence is so powerful that the patient never rises out of the cold stage at all. This form of the disease is sometimes sporadic and sometimes endemic. The local symptoms are less strongly marked than in the other forms of the disease. The sputa are less tenacious and contains more blood and sometimes pus. The breathing is hurried the pulse frequent and weak, the tongue, lips, and teeth covered with sordes, and the surface covered with a cold clammy sweat. The patient becomes comatose and dies of suffocation. The lungs after death present the condition known as splenization: or soft and friable and exudes under pressure a dark grumous blood. The disease is rapid in its course and often ends fatally.

Causes of pneumonia. They are divided into

predisposing and exciting. Among the predisposing causes may be ranked every thing that tends to weaken and debilitate the system. Age is also a predisposing cause It is most common in persons from twenty to thirty years of age. The exciting causes are any thing that gives rise to congestion of the lungs. such as acrid vapors inhaled, intemperance, suppression of habitual discharges, mechanical violence, and cold. Cold combined with moisture is said to be the most common cause

The duration of the disease varies according to its type and degree ~~of the disease~~ and the condition of the patients constitution, Asthenic cases are more rapid in their course than those of a sthenic form. Some cases come to a fatal termination in thirty six hours, Under a proper course of treatment, it generally ends in

from seven to ten days, It may end sooner or continue good deal longer.. say three weeks,

Prognosis. This depends on the character of the disease, Simple uncomplicated cases if ~~[illegible]~~ treated properly, and in time usually terminate in recovery, though if not properly attended to it it frequently ends fatally, The asthenic form of the disease is exceedingly fatal especially so in the aged, Any complication as disease of the heart kidneys, brain &c adds to the danger, The presence of tubercles is a very grave omen, Pneumonia is said to be more dangerous when situated in the upper lobes of the lungs, Recovery after the third stage has become established does not often take place, The unfavorable symptoms are, exceedingly rapid breathing dark fetid expectoration Copious diarrhoea, cold, clammy

perspiration, rapid, feeble, irregular pulse, and coma.

Treatment the indications of treatment are 1st to subdue vascular excitement and inflammation 2nd to support the vital powers 3rd to obviate all urgent symptoms and 4th to promote absorption of the effects of inflammation. The first indication is to be met by **blood letting** tartar emetic and calomel. When the pulse is full strong and frequent and the constitution of the patient good blood may be taken freely from the arm The quantity to be taken varies of course according to the condition of the system and the degree of inflammation present. The general rule is to bleed until the pulse is decidely effected; but it should never be carried to full syncope. It is best to bleed the

patient while in a semi-recumbent posture and that the blood be drawn from a large orifice, The blood should be stopped just as soon as the pulse is decidedly affected and before syncope is produced, General bleeding when resorted to should be performed in the early stage of the disease within the first three or four days, The object of it is to prevent the inflammation and reduce the activity of the circulation of the blood, It is stated by one of the most accurate observers that belongs to the medical profession Dr. Watson that since 1832 when the cholera invaded the country, inflammatory diseases have undergone such a change that they do not bear blood letting to the same extent as prior to that period and hence he states that he rarely ever has resource to the lancet, though he recommends it

use to others. General observation has proven the fact that venesection is decidedly beneficial in nearly all cases of active sthenic pneumonia when the pulse is full strong and vigorous. After the free use of the lancet, to prevent reaction, a large dose of opium or tartrized antimony should be immediately administered to prevent reaction or rather in better a combination of the following Calomel 10 or 15 grs Tartar emetic ½ or ¼ grs and Opium ½ 2 grs given immediately after venesection. It is not to be expected that this will abort the disease and it frequently becomes necessary to repeat the venesection several times. It is very injurious to practice venesection in aged persons laboring under this disease.

Local bleeding by cups or leeches is often-

highly useful, and may be resorted to under various circumstances; when the patient is too feeble to bear venesection, when general bleeding has been carried as far as is judicious and the inflammation is not subdued. It is highly useful in pleuro-pneumonia. The best situation for cups is over the posterior surface of the chest. Tartar emetic is the next most efficient remedy. It should be given in small frequent doses, say from 1/8 to 1 grain, repeated as often as the circumstances of the case require. It acts as a sedative and its effects are followed by a diminution in the force, frequency and fulness of the pulse, in the frequency of the respiration and in the temperature of the surface. The addition of a portion of simple syrup & gum acacia renders it more

eligible Tartar emetic can not be depended on alone though its use is said to be all powerful in checking the inflammatory process. Along with its use blood letting either general or local and mercury, should be employed, Mercury is a most excellent, and an exceedingly important remedy in this disease It acts chiefly as an antiphlogistic and absorbent, checking inflammation absorbing its effects and diminishing the plasticity of the blood. Its use should be confined to the first and second stage of the disease and it is best to combine it with the tartar emetic and opium. If in the beginning the bowels are constipated it should be given in a purgative dose (as soon as the pulse is subdued) followed by a mild aperient to clear out the bowels after which the mercury (Hydg.)

should be given in doses suitable to produce ptyalism; on the occurrence of which the disease usually takes a favorable turn. If the bowels be irritable it is best to give blue mass instead of calomel.

The above means are chiefly to be relied upon in the treatment of pneumonia. Other measures are however generally called for during the course of treatment such as cathartics & purgatives. If there be a disposition to constipation during the course of the disease the bowels should be kept open by mild aperients or cathartics. Blisters should never be employed in the first stages but during the latter stage they may be used with benefit. The principal indications during the second stage are to subdue whatever of inflammation that still exists and to promote the absorption

of the effects of the inflammation. For fulfilling the last-mentioned indication the best remedies are calomel and opium. Expectorants may used beneficially at this period. Of these the most rational would seem to be the bicarbonates of soda & potash. These alkalies act by softening and dissolving the tenacity of the matter to be expectorated. If there be much debility the more stimulating expectorants should be used, as senega, squill, pertaria, eupatorium, and the diffusible stimulants as wine ammoniate. If the disease go on to the third stage the patients strength should be supported with stimulants tonics & generous diet.

Treatment of complications & modified forms of pneumonia. First, typhoid pneumonia, dry cupping, turpentine blisters stimulating expectorants mercury & opium. If there be much debility stimu

lants and tonics, some few cases require local bloodletting. Bilious pneumonia - Emetics Cathartics Mercury & in most cases strict antiphlogistic diet in early stage. afterwards generous diet.

Bronchitis is to be treated with means suited to that disease Expectorants are especially called for in this complication.

Chronic pneumonia is very often associated with phthisis either preceding phthisis or being lighted up during its course It is a very grave complication. The treatment best adapted to it is that for phthisis itself the best remedy probably that can be employed is Cod liver oil.

An
Inaugural Dissertation
on Hydrophobia
Submitted to the examination
of the
Provost, Regents, and Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
J. Alexander B. Muse.

This is one of the diseases which are produced by animal poisons, and has perhaps, been coeval with the canine species; for in almost all the Countries in the world, where these animals exist, Hydrophobia has also appeared from time to time. — The disease is most generally communicated to the human body by dogs, wolves, and foxes, but cases have occurred in which the disease has originated in the bite of a cat. Moreover it has been stated that horses, cows, swine, and even cocks and hens, when in a rabid state, have communicated the infection.

Against this formidable disease, human art has hitherto proved of little avail;

a man is bitten by a rabid animal, the wound probably heals in an ordinary manner, and the occurrence perhaps is forgotten, but after an uncertain length of time varying from a few weeks to many months, Hydrophobia appears: and the man dies.

The approach of this terrible malady is usually manifested by certain phenomena in the part where the inoculation was effected. The cicatrix, if the wound be healed, becomes hard and elevated, and peculiar sensations, as of tingling and itching, or of coldness and stiffness are experienced in the part, and sometimes the wound opens afresh: pain is also felt, extending from the sore or scar into neighboring parts, and towards the

central portions of the body. There are also more general pains of a fugitive, convulsive character, which are said sometimes to affect the patient in the neck, joints, and other parts. Lassitude, dull pain in the head, and vertiginous sensations soon come on; the patient is melancholy, forgetful and irritable; his sleep is unsound and he is agitated on being aroused. The sense of hearing sometimes seems to be blunted; the aspect is sorrowful, the face pale, and the patient sighs frequently; the tongue becomes foul, and there is more or less ptyalism, though the fauces are dry. During all this there is a feeling of constriction of the chest, and this præcordial oppression is one of the constant symptoms

of this disorder; beginning, increasing, and ending with it.

As the disease advances, a febrile condition is sometimes set up; the mental disturbance is increased, and an aversion to bright objects, and to fluids is perceived. The passage of a current of air over any portion of the patient's body, causes him great uneasiness; and intolerance of sound has been observed. The difficulty of swallowing liquids, though at first it may sometimes be overcome by an effort, soon becomes so great that they are utterly refused. This symptom becomes so greatly augmented, that the mere sight or even sound of fluids is the cause of great horror, and if the patient ~~fe~~ induced

to make the attempt to drink, he is imme=
=diately seized with spasms. The unhappy
subject of this malady, now, sometimes
suffers torment from the pangs of thirst
which he is incapable of assuaging.
But although Hydrophobic patients are
thus unable to swallow fluids, it has been
stated of some of them at least, that
they will readily take solid food to the
last. The patient now, occasionally be=
=comes delirious and loses all knowledge
of his friends; but at intervals, reason
returns and enables him to recognize
them and to become solicitous for their
safety, desiring that they should keep
at a distance from him, or that he himself
should be secured, that he might not do

them an injury. In some cases however, the mind remains clear to the last.

As the case draws towards its close, the thirst increases; the urine is scanty and high colored; the eyes are bright and glaring like those of a wild beast, the tongue hanging out, and covered with frothy saliva, the strength failing, the body covered with cold sweats, the præcordial oppression very great, and the patient dies in convulsions.

Extreme nervous irritability, is in this disease a very prominent symptom. Sometimes the dread of water is the first symptom which makes its appearance: a man, apparently perfectly well, happening to see, or hear the sound of, running

liquids, is suddenly seized with great and extreme terror, and flies, as if from some horrible spectre. Some patients how=ever, being naturally persons of strong resolution, have by dint of that resolution so far conquered the dread of water as to compel themselves to swallow it; but unhappily with no other effect, than that of increasing the convulsions, and thereby hastening their death.

Generally the patient is suspicious and apprehensive; and sometimes a certain de=gree of delirium being mixed with the other symptoms, his general condition bears some degree of resemblance to that of one laboring under delirium tremens; and in the same respect differing from the condition presented

by Tetanus, the intellectual faculties remaining in the last mentioned disease, perfectly clear throughout the whole. Hydrophobia and Tetanus differ also in another particular; the spasm in the former being clonic, and in the latter, tonic. Moreover in Hydrophobia there is thirst; in Tetanus there is not.

There is always a flow of viscid saliva in the mouth which is the source of great irritation, as it has the same effect upon the fauces that other liquids have. In attempting to get rid of this sticky substance by blowing it from his mouth, the patient makes a noise which has been supposed to be like the barking of a dog; and in certain cases the inability to stand upon his feet, owing to the paraplegia which some=

times is present; has been misconstrued into a desire on his part to go on all fours; all this having given rise to an opinion among the vulgar, that with the disease of a dog the patient has received a part of the canine nature. — The pulse, though in the commencement of the disease, it may be hard and strong, becomes in a short time feeble and frequent, and the general strength rapidly fails. Death may occur within twenty-four hours from the commencement of the disease, or it may be postponed until the eigth or ninth day, most commonly however it takes place on the second or third. Generally the paroxysms in this disorder steadily increase in violence to the end; but cases have been observed in

which the symptoms have undergone a marked alteration before death; the paroxysms cease, and all distress, both bodily and mental, disappear, leaving the patient with his mind calm and collected, and presenting the appearance of one who has passed through a favorable crisis; but on exami=
=nation he is found to be pulseless, and in a little while sinks back and dies, perhaps without a struggle.

The morbid appearances presented after death from Hydrophobia are various and un=
=satisfactory. Sometimes there is not the slightest morbid change to be found.

In some instances, undue vascularity of the brain and spinal cord have been no=
=ticed; and in others slight marks of inflam=

=mation have been observed in the fauces, oesophagus, stomach, and intestines. The glot= =tis has been found inflamed and contracted, thereby suggesting to some, the idea that in cer= =tain cases death was owing to a spasmodic closure of that organ, and that therefore Tracheotomy was sometimes indicated. Decomposition of the tissues, and of the blood is said to take place rapidly after death from this disease. Morbid anatomy, however, throws but little light upon the nature, or upon the proper treatment of Hydrophobia; its seat is without doubt in the spinal marrow, and especially in its upper part; and inasmuch as the mental functions are sometimes modified, it is prob= =able that the morbific influence is propagated from the spinal cord to the encephalon.

Reputed cases of spontaneous Hydrophobia have been reported, in order to prove that this disease may occur independently of contagion, and perhaps it is within the bounds of possibility but it is also possible that in those cases in which it was said to have been spontaneous, the poison may have been applied without the knowledge of the patients; for according to Youatt the disease may be communicated by the mere contact of the virus with a mucous membrane, although there be no abrasion; and he records a case of the disease, which, under some circumstances, might very readily have been mistaken for one of spontaneous origin. "A man made use of his teeth for the purpose of untying a tight knot in a cord, and eight weeks afterwards he died of—

Hydrophobia. It was then recollected that with this cord a rabid dog had been secured." Now this circumstance might not have been re=
=membered, and the case would then have been called spontaneous. At all events it is probable that 999 cases out of 1000 do arise from con=
=tagion. All animals, it is thought, are susceptible of rabies, when bitten by a rabid dog, but those which most commonly communicate the disease to man, are the dog, the cat, and the fox, the virus being contained in the saliva, whilst the flesh is perfectly innocuous, the liver of mad dogs having been frequently eaten as a specific against the disease. It is said that the saliva of a human being laboring under Hydrophobia, is capable of commu=
=nicating the infection: it is true that many experiments have been made, in which the saliva of a Hydrophobic man failed to cause the disease in other animals

but there is at least one well authenticated experiment on record in which the disease was so caused, which if it does not positively settle the point, it should at least serve to make cautious, those who are in attendance upon a Hydrophobic patient.

A very large proportion of all the persons who are bitten by rabid animals, escape the disease. John Hunter says, that twenty-one persons were bitten by the same dog, that nothing was done for any of them, and that only one was taken ill. Another observer states, that he had under his care, a case of Hydrophobia, which was communicated by a rabid dog that had bitten between twenty and thirty other persons, and that his was the only case which occurred among them all.

An instance is recorded by a Dr. James, of a footman who appeared to be insusceptible of the infection, he was at three separate times bitten by dogs, manifestly

mad inasmuch that several animals bitten by the same dogs, near the same hour, contracted the distem=
=per and died. This man could not be persuaded to do the least thing by way of prevention, and yet never had the least tendency to Hydrophobia.

Some cases of apparent insusceptibility may be ex=
=plained by the fact that the part of the body bitten is usually covered with cloth, or leather, and the poi=
=son being thereby wiped from the teeth of the animal before they enter the flesh, the disease is of course not communicated: it is also to be remembered that every angry and worried dog that bites, is not affected with true rabies.

The appearance of the symptoms of Hydrophobia in the human subject, has been known to occur in all the intermediate periods between nineteen months and ten days (I should have said, between ten days and nineteen

months) though the most usual period is from three to six weeks: therefore it would be hard to say, after what time had elapsed, one might consider himself safe from the effects of the bite of an animal supposed to be rabid. It would be proper, after the injury has been inflicted, to capture, and secure the animal if it be possible, and subsequently ascertain if he be really rabid. In this way much anxiety of mind might often be relieved. It is very certain that every dog having the misfortune to be called mad, is not mad; he may have been worried by mischievous persons until he has become so exas= =perated that he will snap and bite whatever comes in his way.

Usually, several days previous to the invasion of true rabies, certain changes are to be observed in the behavior of the dog; he grows heavy and dull, and exhibits indifference towards his master: his food is

taken as usual; depravity of appetite is exhibited in a disposition to pick up straws, bits of paper, rags, and other small objects that may be lying on the ground and some dogs will even lap their own urine, and devour their own ordure. He becomes irascible and im=
=patient of correction; a stick held towards him is sure to excite his anger to a violent degree, even against those he is most fond of: and this has been said by some, to be an almost certain criterion. A treacherous dispo=
=sition is observed in most cases; the dog will come if called, and will seem pleased with attention; but on a sudden he will turn and snap. An early dislike to other dogs, and to cats is commonly observed, and especially to cats; the latter are the first objects of their anger, and next all the strange dogs that come in his way are apt to be attacked by him. When se=
=cured, the desire to escape is very great, and in such

cases they will gnaw every thing within their reach such as boards, chains, and vessels containing their food or drink. There is great anxiety and distress, apparent in the countenance; the eyes are red, and frequently inflamed to such a degree as to produce a purulent discharge. About the second day a considerable dis=
=charg of saliva commences which generally ceases in ten or twelve hours, and is replaced by the se=
=cretion of some viscid matter in his fauces; and in order to get rid of this, the dog is continually working at the corners of his mouth with his paws. He suffers at this time from an insatiable thirst, and is continually lapping, though in some instances he is unable to swallow: and in no in=
=stance is there any dread of water. Paraplegia some=
=times occurs, causing the dog to stagger and fall. He is also sometimes subject to spectral illusions.

Frequently, during the disease, the dog, with his head erect, utters a very peculiar noise, which is thought to be a valuable diagnostic: it consists in a peculiar short howl, or something between a bark and a howl; and this is said to be so to= =tally unlike any other sound, that when once heard, it will not be forgotten.

Dogs affected with rabies, seldom die before the third day from the appearance of the disease, and rarely sur= =vive beyond the seventh; the fourth, or fifth, is the day on which they usually die.

Among other things, hot weather has been thought to give rise to rabies among dogs, but it is probable that there is as much rabies in winter as there is in summer. Want of food, or of water, has also been said to cause the disease; but both dogs, and cats have been made to perish with hunger and thirst

without the smallest approach to rabies, having been observed. There was an old notion that dogs were furnished with a worm under the tongue, the re= =moval of which, would effectually prevent rabies. Numerous other causes have been assigned to the disease; but it is probable that none of them have any influence whatever over it; and that its true origin, like that of Small pox, remains unknown.

In the treatment of this disease, a great variety of remedial measures have been resorted to; but there is no well authenticated case on record in which a Hydrophobic patient was saved after the peculiar symptoms of the disease had fully set in.

But though Hydrophobia has never yet been cured, it can be prevented by early excision and cauterization of the wound or cicatrix, which should be performed carefully and freely.

An
inaugural dissertation
on Intermittent Fever,
submitted to the exami-
nation of the Faculty,
Regents, and Faculty
of Physic, of the
University of Mary-
land, for the degree
of Doctor of Medicine.

by
Frank H. Graves,
of
Maryland.

I propose gentlemen, before entering upon the subject of my "thesis," to give a brief description of the country, or rather that part of Dorchester county which lies near Chesapeake bay. The country is intersected by numerous creeks, which are supplied with water from the Chesapeake, and are navigable for vessels sufficiently large for all purposes of commercial intercourse: on the margins of these creeks are salt marshes of considerable extent.
These are almost invariably inundated at the time of the vernal and autumnal equinoxes, and not unfrequently by diurnal tides

In the marshes are pools of stagnant water, filled with myriads of insects and reptiles; the putrefaction of which, combined with the decay of various vegetable substances, carried into them by heavy rains from arable lands, charge the air with "offensive and deleterious effluvia".

We also have numerous swamps; it is not at all uncommon to see acres of stagnant water lying in the vallies of our woods.

In these are dense growths of whortle berry bushes: these, with fallings from Oak, Pine and Gum trees which overhang them undergo a slow but sure decomposition, especially when

exposed to the rays of a powerful sun. It is not at all strange then that we should suffer from the attacks of miasmatic fevers.

The disease however is less frequent than formerly; owing to the improvment of agriculture. Fields which were once a wilderness of weeds, are now in a high state of cultivation. The inhabitants have also become aroused to the necessity of draining. The swamps are now allowed to flow into creeks, rivers, &c. Stagnant pools too are properly attended.

Notwithstanding ~~[illegible]~~ these precautions the medical practitioner is, perhaps, called on to treat

this disease oftener than any other
With this brief and imperfect sketch of
the topographical features of the coun-
try I proceed with my thesis on
"Intermittent fever".

In writing on this disease I am compelled to rely almost entirely on the information I have gained from books and the lectures by our able and proficient professor of practice? You are aware gentlemen, that I have no experience of my own which I can rely on.

Intermittent fever has three ordinary types, viz: quotidian, tertian, and quartan. When the disease recurs every day, with an interval of twenty-four hours; it is said to be quotidian; when every other day with an interval of forty-eight hours tertian; and when it recurs every third day, or seventy-two hours

it is called a quartan. There are other types, such as quintan, sextan, septan and octan; but as they are of rare occurrance I beg leave to pass over them without farther notice. But the regular types may vary in their modes of attack. We may have double quotidian, double tertian, and double quartan. The double tertian is the only one enumerated which is likely to occur. "The double tertian" says Professor Wood, "has a daily paroxysm, occurring at different periods, or with different characters, on successive days; the paroxysms of alternate days exactly corresponding with each other."

Let us briefly examine the symptoms of an ague fit: if fully formed it consists of three stages; the cold, the hot, and the sweating. The cold stage always sets in first; it may be so slight as scarsely to command the attention of the patient: yet in this stage a practised eye can discover a peculiar expression of the countanance. This may be the case for several days. If at this stage a mercurial be given, followed by sulphate of quinia, the disease may be arrested without farther inconvenience to the patient.

Most frequently however the first warning he receives is a chilly sensation between the scapulae, or following the course of the spine. This feeling soon spreads over the chest and extremities: a quick convulsive shivering now takes possession of his frame, his teeth chatter, and the knees knock violently together: his cheeks, lips, and ears, turn blue, and the hair bristles. There is also a general contraction of the flesh; rings which fitted closely to the fingers become loose and fall off. The pulse is at this time corded;

respiration quick and anxious; bowels often confined, and the tongue white and dry.
After these unpleasent feelings have lasted for a certain length, which varies from a few minutes to five or six hours, (I believe one hour is about the average duration) they are succeeded by another of precisely the opposite character, viz: the "hot stage". This stage comes on gradually: first, there is a pleasent sensation of warmth about the head and neck, which soon equalizes its self over the whole system; and the patient,

for a few moments, feels easy. But unfortunately this comfortable feeling is of short duration; the heat rapidly increases, until the temperature of the body reaches the height of 100° or 105°. At this time there is frequently great thirst; the skin is dry and rough, the face flushed; the tongue is covered with a white moist secretion, but after a few paroxysms have occured it becomes dry. The head, to the patient feels large and heavy; the arteries throb, and the brain feels overloaded with blood, as, I think it certainly must be; notwithstanding

some very learned authors have asserted that the brain always has a certain quantity of blood in it, and is therefore incapable of distension. At this time, there are not unfrequently severe pains in the back and inferior extremities.

After the hot stage has continued an uncertain length of time, (I believe six hours is the average duration, though some authors say it may last as long as eighteen hours) the "sweating stage" comes on: then the hot stage soon gives way.

The sweating stage, like the hot, is first discovered on the face and breast. A gentle perspiration is first seen, which after a short time usually becomes profuse over the whole body.
I say usually because it is not always the case: sometimes it may be almost entirely wanting; diaphoresis takes place, the pain in the head and back abate, and the natural functions are restored.
This is the course a paroxysm usually takes, but it is not always the case. For instance we may have a severe chill, with but little

fever, and on the other hand we may have a very high fever when the chill is so slight as scarcely to attract the attention of the patient: these are known to the vulgar as dumb ague.
The paroxysm may be confined to a single limb, or to one side of the patient without the other side being affected. Numerous other varieties have been mentioned; but as they are of rare occurrence, I think it useless for me to mention them.
I will mention here gentlemen (and I should have done so sooner) that each type has a peculiar characteristic of its own.
"Thus," says Dr Watson "the paroxysms

of the quotidian ague begin in the morning; those of the tertian at noon; those of the quartan, in the afternoon. The quotidian may change to a tertian, and a tertian to a quartan. During the apyrexia the patient may feel perfectly well: but this is not often the case. The appetite is deficient, the tongue furred, there is a peculiar taste in the mouth, pains in the back and loins, and uneasy sensations in the head and epigastrium are present. There has been great difference of opinion in regard to the causes of intermittent fever. Probably in ninty-nine cases out of one

hundred miasmata are the cause. Other causes however are said to produce it: such as, "extreme heat of the atmosphere, indiscretions in diet, accumulations of bile &c."
"But cases of pure irritative intermittent are rare", says Dr Wood, "and the presumption, when we meet with a case of ague and fever, is, that it is miasmatic".
The pathology of intermittent fever is not clearly known, notwithstanding many attempts have been made to discover it. The only disease that is liable to interfere with a correct "diagnosis" is hectic fever.

In hectic fever however the eye is brighter, the complexion clearer, the paroxysms irregular; the fur on the tongue too is generally absent. It is somtimes difficult to recognize this disease from remittent fever in the early stage, but it is distinguishable by the noncontinuance of fever during the interval.

In the uncomplicated form of intermittent fever; when there is no disposition to cerebral disease, the 'prognosis' is almost always favorable.

And now gentlemen after an imperfect description of the

types, stages, causes, pathology, diagnosis and prognosis of intermittent fever, allow me to say something in regard to the treatment, of this disease.

Some authors have declared, it was best to allow intermittent fever to run its natural course; but I think had this advice been taken by the profession, the undertakers, in malarious districts, would have more coffins to make, and the grave diggers find more employment.

In the simple stages of this disease, nature will generally suggest the mode of treatment to

be pursued. External warmth, in the cold stage, should be applied to the extremities, and the patient be covered warm in bed. Under this treatment the chill will pass off without injury to the patient.

The severer paroxysms however require more active treatment. This should consist in the hot vapour bath, and warm, or rather hot drinks. Opium or some of its preperations may be given; especially when there is much nervous disorder. Twenty-five or thirty drops of Laudanum are said to afford great relief, by shortening

the chill, and moderating the subsequent fever. At this time the patient may have intense thirst, if so indulge his desire for cold drinks, as, "cold water taken into the stomach will remove the congestion of the large veins near it, and increase the heat on the surface by lowering the internal temperature and equalizes it."

Bleeding, in the cold stage, has been strongly advised: but I hope there are but few cases with us but what it can be dispensed with, for I think it is a dangerous practice for a young prac-

titioner to follow. In paroxysms where there is much prostration, stimulants should be given. In the "hot stage", if there be found a high degree of arterial action it may be necessary to relieve it, by taking blood from the arm, though I should leave this for the last resort, unless there should be pain in the head, with abdominal tenderness. In the milder forms of this ~~stage~~, where the pulse is soft and easily compressed, the patient may lie in bed under light clothes, and depend altogether on effervessing draughs and cold water.

In the sweating stage the patient should not be exposed to cold: he almost immediately after this stage has set in feels relieved, falls asleep, and after some hours awakes, perhaps, without any unpleasant symptoms.
It is during the interval, that effective measures should be taken to prevent a recurrance of the paroxysm. Mercury and the sulphate of quinia are now the sheet anchors.
First the bowels should be evacuated. For this purpose five or six grains of calomel, combined with eight or ten grains of

pulverized rhubarb should be given: it not only ~~evacuates~~ the bowels, but unloads the congested liver. As soon as the purgative effect of this medicine has passed off, it should be followed by sulphate of quinia. Two grains given every hour, for six hours will generally prove sufficient to check the expected paroxysm, provided the last dose be given, some two hours before the time it should occur. If, however, this should not check the disease the first day the quinine should be given the next day: the dose may be in-

creased if thought advisable. Other preparations of bark may be used if the sulphate of quinia cannot be obtained; such as the sulphates of quinidia and cinconidia; the "compound infusion", of the U.S. Pharmacopoeia, is highly recommended by Professor Wood.
From one to two pints, are to be given between the paroxysms. The Peruvian bark, in substance, is said to have cured intermittents when the sulphat of quinia has failed. It is objectionable however when the stomach is irritable, in consequence of the bulk in which it is given. When the stomach

is so irritable that it will not bear quinine by the mouth, it may be given by enema.

Arsenious acid, is also an excellent remedy. Ten drops, may be given three times a day. Sulphate of copper too, is highly recommended: indeed Dr Chapman, "regards the last two remedies as superior to quinine in chronic cases, and also as regards completeness and permanency of cure." Various other medicines have had their praises sung: such as camomile, boneset, kino with nutmeg, pepper, willow, spiders web &c; But I think no person would be jus-

tifiable in using these, if quinine could be procured.
Emetics are highly praised by some writers, but if they should fail in arresting the paroxysm, they may do serious mischief by causing inflamation of the brain.

Allow me, gentlemen, before closing this thesis, to give a brief discription of an attack, of this disease, which I had, some two years ago. In the later part of september 1857, I was attacked with Bilious remittent fever. Under the skilful treatment of my pre-ceptor, Dr W. A. Smith, I very soon recovered.

Some six or eight days after my recovery, while exposed to a heavy rain, I became very wet: the next day, I was attacked with ~~remittent~~ intermittent fever.

I took five grains of calomel, and eight grains of rhubarb, before retiring for the night, and commenced on quinine early next morning, in two grain doses. But this did not succeed in ~~arresting~~ preventing the next paroxysm twenty-four hours after the first. The quinine was repeated the next day, which arrested the disease. Eight days afterwards I had a relapse, and

quinine was again resorted to, with the same results.
And thus it went on for months. quinine would always arrest the disease for a few days, but I would almost invariably have relapse, after being exposed to the night air, or after getting my feet damp.
I next gave Fowler's solution of Arsenic a fair trial; but this remedy did not seem to exercise as much influence over the disease, as the sulphate of quinia.
Other remedies of less value were also used, but without happier results. And thus the disease went on, until I became so completely

prostrated, that I could not walk one hundred yards, or ascend a single flight of steps, without the greatest fatigue. My countenance was sallow, cheeks sunken, and body ~~bxdy~~ emaciated.

I do not know what would have been the result, if Dr Smith, had not at this time, (December 25th) given me the following prescription

℞.— Ferri Sulphas ℥j
Capsicum ʒj
Sulphate quinia ʒj
M. ft. pil xx
S. One morning, noon & night.

I had taken these pills but a few days before I derived the greatest

advantage from their use. My appetite improved, my strength returned, and in a few weeks I was restored to my former good health, and have never had a chill since

I am aware, gentlemen, that this thesis is, in many respects imperfect, but it is as perfect as I can make it, under the peculiar circumstances in which I am placed.

An
Inaugural Dissertation
on Man
Submitted to the examination
of the
Provost-Regents and Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
John Elise Webb
of
St. Mary's County
Maryland

Man

"How complicate, how wonderful is man!
How passing wonder He, who made him such!
Who centered in our make such strange extremes
From different natures marvellously mixt
Connexion exquisite of distant worlds!
Distinguisht link in beings endless chain
Midway from nothing to the Deity!
A beam ethereal sullied and absorpt!
Tho' sullied and dishonoured, still divine!
Divine minaturn of greatness absolute!
An heir of glory! a frail child of dust
Helpless immortal! insect infinite —
A worm! a god".

Then we turn
from those more distant worlds, to
behold that point which we occupy

in the immensity of space, we find it enveloped in the mantle of obscurity, which reveals a light only sufficient to show the surrounding darkness. We look upon this world of beauty; we admire its wonderful mechanism; its harmony of proportion, its costly and varied decorations; but while gazing intently on its beauties, a voice ever whispers nature's operations are veiled in mystery, and a hand ever points beyond to one unseen Deity.

But of all the works of the invisible, man is the most sublime, the most mysterious. He is mortal and immortal, visible

and invisible, human and divine; the connecting link between the lowest orders of intelligence, and the archangel before the throne of God. In him humanity and Deity meet together, and upon him is fastened the admiring gaze of Earth and Heaven.

His physical structure is mysterious, and in its mechanism displays the skill of the grand Architect. We see such evidence of design in its curiously arranged structure that we involuntarily ascribe it to the "great First Cause". We look within with wonder, we admire the unseen power that

founded as thus. We examine the eye, the ear, the hand, and whilst viewing their mysteries, we almost fear to hold communion with ourselves. In the eye we find the coats, lenses, and muscles, arranged with such precision and delicacy, as to admit of the most acute vision in every possible direction; but how ignorant we are of the cause of its movements. We know not how the muscles contract in an intense light and expand in its absence; by what process the inverted picture presents to us the upright object, or how the blue vault of heaven can be painted upon the delicate retina with correctness

The ear too, is wonderful! and is evidently a most perfect instrument for the reception of sound. In it we see the tube, membranes and the little bones, the semicircular canals, - all combining to form an instrument of sound far superior to any work of art; but we know not how the undulations are collected; how the vibrations of the membranes are conveyed to the little bones. The hand is also a specimen of the most consummate skill, and in the light of comparative anatomy most significantly marks the distinction between man and brutes. Its complex apparatus

and the relations between its performances and the mind, are so remarkable, that familiarity alone prevents their being observed with wonder. When we consider that its motions depend upon no less than twenty nine bones, their certainty and vigor is mysterious. As an instrument it combines to an inconceivable degree, the almost antagonistic qualities of great strength and extreme delicacy, freedom of movements with nicety of action, and perfect ease with thorough control. The same machine by which the athlete raises himself to the slack rope or the

blacksmith wields the ponderous sledge, is adapted to graduate the lines upon the artist's canvas and modify sounds of the most exquisite musical instrument. The fingers, whose acute sensation enables the physician to count the delicate pulse of the invalid when folded together become a vise which deftly managed may fell a resisting Hercules, grasping a mechanic's tool they perform miracles of skill, and closed gently around the pen of a genius they act as the magnetic telegraph of the soul.

The freedom of the

hand's movements is ascribed to the collar-bone, which keeps the shoulders apart and distributes muscular effort to the arm. Their firmness is owing to the wrist and finger bones with the muscles and nerves, and their ease seems to grow out of the union of all these. Power and flexibility are thus equally attained and the result is, an instrument, which, guided by intelligence, is adequate to the homliest and most exalted offices, and has for its sphere the whole domain, both of useful and fine arts, enabling the savage to weave bark thatch for his

log-hut, and Raphael to lighten an eternal smile upon the lips of maternity. The mariner, by a regulated pressure, to guide his vessel with unerring helm over the trackless waters, and the sportsman, by the lightest touch, to bring to his feet the eagle that hovers in the clouds.

But we see not how the muscles can play with such uniformity. Unknown to us is that mysterious power that directs its hidden movements. We find that in a few years the whole body is entirely transformed, so that no particle of the original

matter remains; still we cannot trace these changes. We see the blood regularly circulating through the most distant parts of the body, but we see not the propelling power.

We look at the heart with its uniform & constant action, but we do not behold the "unseen cause that operates unspent."

But the inner sanctuary - the abode of the spirit, is shrouded by a most impenetrable veil. Where is the seat of thought and intellect? Where dwells the invisible essence that

links him to the Deity. He is a reasoning, reflecting, sentient being, launched upon the ocean of time, with accountability, and destined for the port of immortality. Still he is not left without a pilot to guide him through life's troubled sea; for reason ever steers his bark along the dangerous way. By its aid, he is enabled to investigate, compare and analize; to trace the connection between cause and effect; to comprehend his relation to the internal world; to his fellow man; and in some

measure to deity himself.

Although his vessel might be wrecked were he left without an anchor whereon to rest; He fears not rend the raging elements, for memory ever moores his bark; by the exercise of this wonderful power, he can recall the past and overdwell a while scenes of fondest recollection. With lightning speed he can transport himself back to the happy days of youth, and hear again the song of the forest bird or the music of the waterfall; listen to a mother's prayer

of affection, or receive again a further parting blessing. Yet his course might sometimes be a darkened one, did not the star of imagination shed its light upon his pathway. Its brightness often reveals the clear sky beyond a threatening storm. By its light, man is allowed to revel amid scenes of his own creation; to gaze upon the star firmament, and see in its countless worlds and systems, only an entrance to the audience chamber of the Eternal. But what does man know of the operation

of these wonderful powers! The moment he attempts to explain them he is lost in mazes of conjecture. There is no light to guide him through the labyrinth of self-investigation, no talismanic power to reveal these mystic processes.

The moral constitution of man is a still greater, deeper mystery. It combines opposite and antagonistic elements, conflicting and hostile passions, earthly and heavenly-born tendencies. At one time he is guided by the flickering glare of impulse; At another by the

steady light of reason. At one time his unholy passions burst forth with awful impetuosity, sorrying destruction along their pathway; at another they are hushed to silent and peaceful slumbers. At one time he is clad in the icy arms of selfishness; at another the fountains of his heart are broken up and gush forth in streams of tenderness. To-day the impress of revenge is on his countenance; to-morrow he feels that it is God-like to forgive. To-day nature is clad in a sable garb; tomorrow he gazes upon a world

of beauty and brightness. To-day, despair over-spreads his horizon; Tomorrow hope gladdens his pathway. But he cannot look within the sea of passion, and explain why it is sometimes stirred by every passing breeze, and less known to him is that mysterious connection by which the internal and external man hold connection is still more wonderful, when viewed as the embodiment of Deity, the candidate for eternity and "heir of immortality" It is when clothed in his imperishability that he appears most fearfully mysterious! It is when viewed as a being, first awakened into an existence which is to run parallel with that of the Deity, with faculties that are to unfold and ripen, with affections that are to become refined

and elevated and with aspirations that are to grow purer and holier as he approaches the great center of intelligence and basked in the immediate sunlight of Eternal but wonderfully mysterious and incomprehensible as is man what is he compared to the being from whome he emanated "A shadow, a vapor an appearance" A mote nearing an illimitable, incomprehensible sun An atom floating in a fathomless boundless viscless ocean — light sparkles in the eather of Deity.

A

Dissertation on Laryngitis;

Submitted to the Examiners

of the

Medical Faculty and Council

of Maryland,

of the

University of Maryland;

for the degree

of doctor of medicine,

by

J. H. C. McManus,

of

Maryland.

Laryngitis.

Patients breathing of this disease, depends on the rapidity of the acute, and alternate of the chronic form. Laryngitis, is, as the name implies, inflammation of the parts forming the larynx, particular of the mucous membrane, lining it. This disease makes its approach with the common symptoms of inflammatory fever, as chillness, succeeded by heat. One of the first symptoms of which the patient complains is soreness of the throat; the other symptoms are, hoarseness and indistinctness of the voice, laborious breathing, a peculiar harsh, hissing & stridulous

cough, the face flushed, the sk[illegible]
[illegible] pulse, the tongue white, pulse
full and strong, at first, but as
the disease advances, becomes
weak; the tongue [illegible] and [illegible]
with clammy perspiration, the
respiration is short and the
inspirations are prolonged; besides
these, there is a feeling of constric-
-tion in the throat and a degree
of restlessness and anxiety about
the patient more than proportionate
to the amount of inflammation;
the patient speaks quite hoarsely,
or by means of his tongue and
lips only in a whisper or what is

Still more common, all power of audible voice is lost; there is great difficulty of speech, [illegible] as the disease advances the general distress of the patient increases; his countenance becomes cold, livid, anxious, and ghastly, he is miserable, inquiet, impatient for relief, and makes signs that he wants air. The mucous membrane is sometimes narrowed by inflammation and thickening of the surrounding parts, and is finally shut up entirely, ending the patient's sufferings and life. Among the earliest symptoms which betray danger, are difficulty

of deglutition and respiration, for which no adequate causes can be discovered. As the dyspnoea increases, the recumbent position becomes intolerable and the patient sits up in bed so as to bring all the muscles into play to enable him to cough. When the disease has a fatal termination, death generally occurs from the 4th to the fifth day, but it may occur in 8 or 14 hours. The great cause of danger consists in oedema and spasm of the glottis causing difficulty in respiration. Delirium and coma sometimes occur before death, the danger depends not so much on the

degree in spite of the inflammation
upon the situation. The pain is greatly
increased by the exquisite tender
relief in inflammations of almost any
part of the body — big — the passing out
of serum. This disease often spreads
to the upper part of the trachea and
to the lower part of the larynx. Ulcer-
-ations or sores are sometimes effused
in these parts, causing great, cough to
the sufferer. This disease may be dis-
-tinguished from inflammation of the
thoracic viscera, by the absence of the
auscultatory signs, and by the
hectic, and distinctive cough. Tumor-
-ic affections of the larynx may be known
by the suddenness of their origin and

general absence of fever. Abscesses, pressing upon the larynx may give rise to symptoms peculiar to laryngitis, but they may be distinguished from it, because there is more pain on moving the neck when abscess occurs, and the other symptoms are not so severe as in laryngitis. Aortic aneurisms sometimes cause hoarseness and the other symptoms of laryngitis, but they may be distinguished from it by means of the sounds heard on applying the stethoscope. The principal exciting cause of laryngitis, is [illegible] is probably partial pressure to cold and wet, especially when in a state of perspiration from heat or exercise; the other exciting causes are, a continued

frequent and usually perhaps [illegible] of the [illegible], direct injury to the larynx as scalding water, corrosive liquids which may be [illegible] swallowed, inhalation of flame, hot air, corrosive irritating gases, vapours, powders, mechanical injuries of instruments and external violence. Mustard taken in an emetic sometimes causes it. Laryngitis is often the sequel of mercurial stomatitis, erysipelas, measles, catarrh and tonsilitis, which may cause an overexertion of the voice, abuse of mercury, and habitual intemperance. Those, [illegible] who are predisposed to tonsilitis are [illegible] liable to be

allieved by this disease. Laryngitis nearly always occurs in adults, but when it occurs in children, it is almost always caused by injury to the larynx, as in those who are fed from the spout of a tea-pot and have accidentally inhaled the or swallowed some corrosive acid. This disease requires prompt and active treatment or otherwise the patient will inevitably die. The indications are, first, to subdue inflammation as soon as possible; secondly, to cause absorption of the products of inflammation; and, lastly, if we cannot arrest the progress of the disease by these means, we must have

recourse ~~xxx~~ to the operation of tracheotomy. In order to subdue inflammation and produce deglutition, we must ~~have~~ recourse to bleeding and mercury, but care should be taken not to deplete until syncope occurs, although we may repeat the use of the lancet as often the pulse will allow. It is injurious to bleed in cases where the stomach and liver are pale, but when we do bleed we should always bleed until the symptoms become manifest. The ~~[illegible]~~ recourse to both general and topical depletion; cups are the best means of abstracting blood locally, as leeches cause expectoration, both in the

and without the surgery and, when it becomes necessary to resort to local depletion, the cups should be applied to the back of the neck. Mercury or depletion should never be depended on alone, in the treatment of this complaint as one without the other will be of little use. Mercury should be administered in such a manner as to produce its effects as soon as possible: the best way to administer it is in the form of calomel in doses of 4 to 10 grains every 2, 3 or 4 hours, but, since it is well known that mercury, in small doses, frequently repeated, will produce its effects sooner than large

doses, at longer intervals, it is more generally given in doses of 1 grain every hour or ½ a grain every half hour. Besides administering the calomel internally, we should rub 1 drachm of the mercurial ointment into the thighs, but this only every 2 or 3 hours. The calomel should be omitted if it threatens to pass off by the bowels. The sooner the liver is made to produce its effects, the better is the chance for the patient's safety. Emetics are objectionable in the treatment of this complaint, as they cause violent excitement,

and when used it should always be in the commencement of the disease. Blisters to the throat are inferior because they are apt to produce a larger amount of irritation and inflammation about the larynx than exists there previous to their application; the best place to apply them, when used at all, is over the sternum. Cataplasms of tobacco are sometimes serviceable, but it is always a dangerous remedy. The cough is often relieved by smoking a pipe or cigar, but this relief occurs first to most, but only to those who are not accustomed to the use of tobacco. The best remedy to relieve dyspnœa is

a piece of flannel wrung out of hot water, and sprinkled with oil of turpentine, applied to the throat. Purgatives are sometimes, though very rarely, beneficial. Oftentimes depletion and mercury fail to afford any relief to the patient, and unless we have immediate recourse to tracheotomy, the vital powers sink rapidly and the patient dies, suffocated. Scarification of the rima glottis sometimes answers the same purpose as tracheotomy and is much less difficult to perform. If irritation or inflammation of any of the thoracic viscera be combined with laryngitis, we should apply cups and leeches over the

chest. When these means fail to afford the patient any relief, the case may be considered to take a bad turn. Slight attacks of this disease are generally brief, and go off with a medical assistance, but in cases of debilitated constitutions, they are apt to pass into the acute form, and should always be carefully guarded against.

Chronic Laryngitis

Having concluded what I had to say upon the subject of acute laryngitis, I now proceed to speak of the chronic form.

Chronic laryngitis, when not consequent upon an acute attack,

generally begins with hoarseness, a little uneasiness in the throat, and slight laryngeal cough, which is often more like a clearing of the throat, than a true cough. It may, with slight variations, remain in this condition for a few weeks, and then ultimately disappear; but frequently the symptoms are not mild; various morbid sensations being felt, such as heat, dryness, constriction, and itching, or a tickling sensation is sometimes felt, which excites coughing, and, sometimes, there are dull, smarting or even acute pains, increased by exertion of the voice, coughing, and occasionally by

pressure. The voice is always altered, being generally hoarse and husky, but sometimes whispering and sometimes squeaking or ululous. The cough, at first, is short and dry, but, as the disease advances, it becomes loose; it is excited by loud speaking, and by the inhalation of cold air or irritating substances. The fauces sometimes exhibit the appearance of chronic inflammation, and sometimes of enlargement of the follicles. The symptoms above enumerated may occur without ulceration, though not uncommonly with it. The ulcerative stage is marked by the following phenomena;

occasional violent paroxysms of coughing; a pricking sensation in the larynx, particularly when the patient speaks; painful deglutition; a sensation of suffocation, and a return by the nostrils of what the patient attempts to swallow. In some cases this difficulty of swallowing does not recur. As the disease progresses, the voice becomes still more altered than in the earlier stage, it being variously affected; sometimes hollow, sometimes whispering, sometimes hoarse, and — infrequently — entirely lost, — in the last case, indicating ulceration of the rima glottidis, and, partial

destruction of the vocal ligaments. The respiration is often difficult; it may be wheezing, hissing or otherwise noisy, and is drawn tones light as if the air were passing through a narrowed passage. The difficulty of breathing is sometimes continuous, but is more frequently paroxysmal, being brought on by deep breathing by bodily operations and by irritation of any kind, provoking spasm of the glottis. The patient sometimes dies in these paroxysms, and in other cases he is carried off by the supervention of sub-mucous effusion, as in acute bronchitis; but,

what is still more common, the general health gives way; debility, emaciation, night sweats, frequency of the pulse, oedema of the extremities, loss of appetite, occasional nausea and vomiting, and obstinate diarrhoea, mark the approaching close, and the patient dies in a state of hectic exhaustion. In regard to the prognosis, in cases of ulcerative laryngitis, it may be stated that when the disease is complicated with pulmonary consumption, the two, together, necessarily prove a fatal, sooner or later. The syphilitic variety may generally be cured in the earlier stages. When neither of these

complications exist, we may entertain a reasonable hope of overcoming the disease. If the patient is carried off in the earlier stage, the mucous membrane is found red, thickened, diffused or indurated, and, often rough, from the enlarged follicles. At a more advanced period, when we found in various situations, most frequently between the vocal ligaments and the epiglottis; sometimes superficial, sometimes deep seated, penetrating through the mucous membrane to the cartilage and occasionally even through these. The cartilages, themselves, are

sometimes changed; they may be ossified, or, in a state of caries or necrosis. The epiglottis is sometimes irregularly contracted, ulcerated, and partially or wholly destroyed, and, also, the vocal ligaments. The muscles of the larynx degenerate, and the ligaments are distorted. Excrescences of various kinds appear on the mucous membrane, especially in syphilitic cases. [illegible] with syphilis, ulcers form on the [illegible] epiglottis; while [illegible] they occupy the posterior surface. The ordinary exciting,

causes are the same as of acute Laryngitis, and the disease appears to be occasionally connected, sympathetically, with gastritis. The abuse of sensual pleasures is thought to predispose to the complaint, which is said to be very common among drunkards and prostitutes. Scrofulous diathesis, and tumours in the larynx and vicinity, are among the predisposing causes. Men are more frequently attacked by this disease than women, and it seldom occurs in infancy or old age, but is most common between the twelfth and fifteenth years.

The treatment is [illegible] of
Opium, [illegible] and [illegible] to
stimulants as the disease demands.
In the early stage, moderate [illegible]
completely [illegible] the organ, and revulsion,
by means of steadily sustained external
irritation, are the [illegible] of remedies. For
the purpose of revulsion, a perpetual blis-
-ter, pustulation by croton oil or tartar
emetic, long sustained, or a seton in the
back of the neck may be employed. De-
-pletion, as a general thing, is wholly inad-
-missible. It is sometimes proper, during
an access of excitement, to take a little
blood from the arm, but this is sel-
-dom required, and in most cases
would prove highly injurious; leeching

is safer, and more effectual. Cups may also be applied to the sides, and back of the neck. The larynx should be rested, and the cough relieved by opium, Hyoscyamus, lactucarium, and other narcotics; the preparations of Hyoscyamus, and Belladonna rubbed over the larynx, sometimes afford relief to the patient; and, plasters of Opium and Belladonna have been used with the same view. In the advanced stage, Seneca is sometimes useful, but the most effectual remedy, when other means fail, is Mercury, pushed to a very moderate ptyalism. This will often cure chronic inflammation of the ordinary or syphilitic kind, but is not adapted to scrofulous cases. In scrofulous cases more reliance should be placed in the preparations of Iodine, especially

the iodide of potassium. The general health should be supported with chalybeates. Local applications to the diseased surface are very important. Liquids and powders have been applied to the throat with asserted advantage. For this purpose, corrosive sublimate, acetate of lead, nitrate of mercury, alum, sulphate of copper, sulphate of zinc, calomel, red oxide of mercury, and nitrate of silver have been used. At the close of the disease, it sometimes becomes necessary, in consequence of the difficulty and danger of swallowing to support the patient by the introduction of food through a stomach tube; and occasionally it may be necessary to perform the operation of tracheotomy in order to avert immediate death.

An

Inaugural Dissertation
on the
Contagiousness of Consumption.

Submitted to the Examination
of the
PROVOST REGENTS
and FACULTY of PHYSIC
of the
University of Maryland
for the
Degree of Doctor of Medicine
by

James Edwin Mathews.
Maryland.

Is Consumption Contagious?

Much of the diversity of opinion among medical men and the unceasing controversy that has grown out of this division of sentiment, doubtless has its origin in the vague and indefinite sense in which terms are applied and a want of clearness and cogency on the part of medical writers. Many of the terms used are exceedingly broad in their meaning, while others, if they convey any meaning at all, is one calculated to mislead. As an instance we may name Typhoid Fever, called from its supposed resem-

-blance to Typhus, while in fact they bear no near resemblance, having hardly a single symptom in common.

We propose before entering upon the discussion of this subject, to define the sense in which we use the term Contagion, as a correct and definite idea of the definition of the term will greatly facilitate us in the pursuit of investigation of the subject we have selected.

Contagion from the Latin Contagio, which latter is a compound word, derived from Con and Tango, signifies, literally, a touch or touching. Hence the communication of a disease by contact, or the matter

communicated. More generally, that subtle matter which proceeds from a diseased person or body, and communicates the disease to another person, as in cases of small pox, measles &c, diseases which are communicated without contact. This contagion proceeds from the breath of the diseased, from the perspiration or other excretions. (Webster.)

This word has been thought to be only strictly applicable to diseases where the miasma effluvia has been cognizable to the senses, while another class are spoken of as infectious differing from the former only in not being prop-

-regated in a sensible form. In our opinion this is a distinction without a difference, and tends rather to confuse than serve any practical purpose.

In Glanders and Syphilis, from the nature of the organs involved, there is of course a communication of disease by actual contact of the virus, applied immediately to the part. In Psoriasis there is a literal engrafting of the parasitic formations upon a healthy structure. There are diseases, which not only lodged for or of propagation by contagion has existed since their first introduction; and we shall speak of Consumption or Tubercular deposit as

entitled to a place among those that stand forth as the type of contagious diseases, only having a different medium of communication.

All agree that the air we breathe is more intimately concerned in the production of disease, than any other influence to which we are exposed. We all know the many changes to which it is subject in its density, its temperature and its electrical conditions; how often loaded with impurities (the result perhaps of vegetable and animal decomposition) and how immediately our health and our feelings are affected by these

different conditions. Not only do we recognize these varieties of feeling upon the different changes the atmosphere undergoes, so that in some persons we possess sometimes the most accurate Barometers varying with each atmospheric change, so that we can almost say they answer to each other the relation of cause and effect. But our knowledge does not even stop here. We progress a step further and the phenomena satisfactorily accounted for, by the known influence of certain atmospheric causes upon the human constitution, operating through the lungs and perhaps by cutaneous absorption;

it vitiates the quality of the Blood; its directly hurtful influence is felt upon the Nervous system, the nutritive motion deposited, Excretion and secretion suspended, and the fearful and uncompromising symptoms that succeed. And in this is our view of the mode in which Consumption is propagated.

It does not militate against the probability of the Consumption Contagious; whether there be an engrafting of the morbific matter in a sensible form, as in the diseases we mentioned as the Types of Contagious diseases, or whether in a Gaseous form; whether there be a chemical union of the

Matières morbi with the elements of the Atmosphere, nor whether there be a mere admixture of this extra-zeous matter in a state of minute subdivision, the Atmosphere constituting the medium of conveyance from one person to another:— no matter in which of these varied modes it is diffused and exerts its influence, it ought to be embraced in the class of contagious diseases, subject to the same laws and suggestive of the proper precautionary measures.

The diffusion, solution or chemical union of foreign matter with the elements of Atmosphere,

will not be questioned. It affords the most satisfactory mode of accounting for the delicate odors that form so grateful a sensation when brought within its influence. By common consent it is settled, that the delicate odors of the Rose and the Violet, owe it to the volatilization of an oil in which resides that which excites the sense of smell. The effluvia thus circulating leave their impression, though invisible and exerting some unseen influence. It is said a single grain of Musk has been known to perfume a room for years and yet there was no sensible diminution of its

Fault. Whether this divisibility of matter be infinite, so as like the points and lines of Mathematicians to exist only in the imagination, is a question, the limited nature of human intellect rendered it impossible to furnish a definite answer. We do not adduce the Rose & Violet as exactly analogous to the case under consideration, — the parallelism not entire. In the one the invigorating and healthy influence of the Atmosphere is abridged, a mere epitome of what is essential to the performance of the functions of the human system; in the other, in addition to the vivifying influ-

-ence of a Atmosphere normally adjusted, we have it charged with all that is delightful to the sense — an atmosphere of exhilarating freshness. — This service sufficiently well to establish and perhaps explains in the clearest and most concise manner, the idea we wish to convey. — Like all contagious diseases it has its period of incubation, between the reception of the poisoned effluvium and the supervention of disease, during which time, though doubtless at work, is dormant: Its presence internally not being declared by external manifestations. During this period

we doubt not the morbid matter is by a zymotic action diffusing its character throughout the whole mass of circulating fluid, & leaving its impression thus as the germ of subsequent disease, to be called forth under the proper circumstances.

Again, it is always productive of a disease identical in character and symptoms of the source from which the virus emanated; its cause, general and local symptoms, modified however by the habit of patient, — the external influences that surround them. We should not expect to find in two patients, one with Tubercular Lungs, and the other with Tubercular

kidneys, the same set of symptoms. The presence of Tubercular deposit in these organs, so opposite in function, would be manifested by some different local signs, while the essential general signs of Tuberculosis would be identical: viz – Hectic fever, Emaciation, loss of strength, colliquative discharges from skin and bowels.

In support of the view we have taken, we could cite many instances, occurring under our immediate notice, and all tending to prove the possibility, and establish the probability of its propagation by contagion, and the wonder is, not that the person so exposed should contract

the disease, but that after such exposure so many escape.

The morbid appearances and the character of the matter revealed by an examination of those whose occupation renders them peculiarly obnoxious to spurious melanosis, may aid us in the support of our position. It occurs among those persons living where the use of coal is general, and of the analysis of the matter found in the lungs of such persons. Dr. Christison thus speaks, "It is scarcely possible not to recognize the ordinary products of the distillation of coal, a gas of the same quality and likewise a naphthous fluid holding in solution

a crystalline principle analogous to, if not identical with Anthelmine," and in a note observes, "The person who furnished the Lungwort from which the analysis was made, had been a Miner for a number of years."

Again, the success which has attended the Sugar House treatment is summed up by Dr. Cartwright as due 1st to the disembarrassment of the Bronchial tubes of mucous &c, and 2nd to the absorption of a peculiar nutritious salt which is one of the elements of the Cane juice, by which the flesh is increased, the strength renewed, and the patient's prospects of recovery greatly augmented.

If in the one instance we have deposit of matter in a solid but minutely divided form, as in the case reported by Dr. Christison, in the other the absorption of matter in a state of solution, why may not tubercular deposit take place in a similar manner? If analogy furnish any testimony on the subject, surely it does take place and particularly as all the circumstances arising from false Hygienic views, greatly augment the danger. Among these we may mention as most prominent, imperfect ventilation, mental and physical depression from loss of rest, insufficient nourishment &c, thus diminishing the functional activity of the system.

If we examine the analysis of the atmosphere during the prevalence of certain diseases, as Endemic or Epidemic we often find evidence of positive impurity. In the wards of a Hospital infected with contagion, when that fatal disease, & the dread of all Surgeons, Hospital Gangrene is prevailing, analysis has shown there exists a peculiar animal matter highly disposed to putrefaction, an increased quantity of Nitrogen & Carbonic Acid Gas. But this is not all, there exists a negative disturbance from its normal adjustment. I mean a diminished quantity of oxygen, which of itself is abundantly adequate to

the destruction of life. The result of an analysis of this kind is the more satisfactory, as from our knowledge of the chemical character of the elements thus revealed and their relation to human life, we find a ready solution of the phenomena attending that disease.

The condition of the Trachea and Epiglottis of Tubercular patients may be brought forward as evidence of a positive character.

We would suppose, their being involved in the disease was the result of extension of the inflammation by continuity of structure, we would have no uniformity in the seat of

the diseased part; that either side of the trachea or either surface of the Epiglottis would be equally liable to become involved in the disease and there would be no uniformity in its seat. But so far from this being the fact, Ulceration of the trachea and Epiglottis occur in the same place uniformly. The Trachea, says Dr. Watson, of patients who die of Consumption, is nearly always found in a state of Ulceration and invariably on the side corresponding with the diseased Lung. Or when both are diseased, on the side corresponding to that in which the disease is most extensive.

The back part of the trachea, which serves as a flow when the patient is supine, is always in a state of disease. Frequently too the Epiglottis is involved in the disease & always when its inferior or Laryngeal surface. There can be no doubt that this process of disorganisation is commenced by actual contact with the matter passing over the mucous membrane as it is expectorated.

The mucous membrane is, at this point, studded with numerous glands, and their well known proneness to ulceration and presenting prominences in which the matter is lodged during the expectoration, — hence the uniformity

of its location.

There is no department of Medical science more uncertain than that of Etiology, beset with difficulties almost, so that to say positively, my two things exist as cause & effect, we transgress the boundaries of comprehension of our finite minds, and, yet, that peculiar phenomena follow certain agencies, we cannot doubt. We know that diseases of a certain character prevail under certain atmospherical conditions, and we may even go a step farther, & believe the diseases to be brought by, and dependent upon, this condition. But here all definite knowledge ceases.

to establish any more intimate relation firmly, requires certain uniform and unvarying results. In medicine nothing such as endless variety of constitutions, peculiarities, Idiosyncrasies &c. we can hardly ever be able to speak positively; hence the difficulties and disappointments that consequently beset the Physician.

Instances occur to us in which the extension of this disease seemed as clearly due to a specific poison, propagated by contagion, as Small Pox or Scarlet Fever. Unfortunately we have seen no notice of the effluvium of a consumptive ever having attracted the attention of the chemist, and in this respect more best wishes

difficulty in the disease before mentioned. (Hospital Gangrene.) But should it yield not to the chemist, it does not prove it impossible for a specific poison to exist. While it proves nothing for us, it does not at all invalidate the testimony in favor of our position. With the science of Chemistry in its present advanced stage, having discovery after discovery heralded to the world and engrossed the minds of rival learning, — in a state of advancement that has almost established the bold and unproven speculation of the Alchemist, upon the secure basis of organic chemistry, and which it will evolve

arises from the universal contempt and discredit to which it has fallen. With chemistry we say, in such an advanced stage of improvement, it has failed to discover any depart-ure from the healthy balance of the elements of the Atmosphere, or any foreign material in many of the most pestiferous regions, among which we may mention the Pontine Marshes of Italy and the district of Maremma upon the Mediterranean, both of which, as Watson well remarks, has required an infamous celebrity for this vast amount of malaria evolved. These districts are uninhabitable. Nor need we cast examples beyond our own shores,

The melancholy epidemic that clothed the city of New Orleans in the pall of mourning in 1853, prevailing under a cloudless sky and an atmosphere, for aught analysis has shown, not surpassed in purity by the poetical description of the soft and balmy atmosphere of the most healthful portions of Italy. The still more frightful epidemic that decimated the cities of Norfolk & Portsmouth, Va, and was the direst scourge that has ever visited the globe, and yet the balmy zephyrs & cloudless sky, as an afflicted writer well says, "too fair a day for so foul effect."

While indeed all admit the

existence of this influence "potent yet intangible," but of its chemical or physical qualities we know nothing. We may acquaint ourselves with its habits, habitats & qualities, speculate upon the causes necessary to its production; (and it is at least but speculation;) — it is an agent of which we know nothing, yet much; about which much has been written, but absolutely no information imparted.

It exists alike in crowded ship, Jail & Hospital, and in the lonely dell; the mansion of the opulent & the hovel of the poor; pulsat equa-pide in the marshy vale & on the mountain peak. Its sickly influence

is felt in the balmy zephyrs of Spring, & under the sickly winds of Autumn; in the burning heat of Summer & the freezing blasts of Winter, diffused throughout the atmosphere, hardy manhood, refined woman, & the innocency of childhood, all succumb to its power. Now, if the nice analysis of the senses & the more refined tests of the chemist fail to detect any departure from the healthful proportions of the elements of this medium of circulation, necessarily loaded with morbific matter, to produce such grave results, an atmosphere of concentrated foulness & putridity, we are not surprised that the emanations

from the person of a Tubercular patient circulating through this medium, should as effectually resist the poison of infection. ——

We anticipate some objections to the position we have assumed, and will conclude this paper, by noticing such as have suggested themselves to us and which seem to be the most insurmountable.

The gravest perhaps has already been incidentally noticed, viz:- how so small a portion of morbid matter introduced into the human system could work such extensive disorganization as is sometimes found in the Liver, Lungs or Kidneys of a Consumptive?

We have shown the peculiar assimilative power of the Blood and will only add that the protection from Small Pox is another instance of this power. Again it may be asked why do not all exposed to its influence contract the disease? We reply, 1st. An attention to ventilation diminishes the danger, — the poison being by this means largely diluted with atmospheric air; the danger is limited & may perhaps be entirely overcome. 2ndly. If without due attention to ventilation & other precautionary measures, the exemption proves that the recipient must be in no fit condition to be injured by the

poison in its ordinary intensity. The fact that all do not take it, proves no more than is acknowledged of all contagious or epidemic diseases; that persons, at one time are proof against the usual morbific influences, yet at another time they manifest an extreme liability to be affected by influences that but a short time before they seemed proof against. The resistance to the assaults of contagious & epidemic influences that the system is capable of offering when in a vigorous & healthy performance of its functions, is well known. But when the tone is depressed, the circulation sluggish & partial

exhaustion of the vital energy, then is the constitution least capable of the proper degree of self defence, and as has been justly remarked, "the germ of disease finds a ready lodgment & a prolific soil thus prepared". The long list of causes both mental and physical that tend to interrupt & disorder the equable & harmonious action of the living mechanism, breaking the full and steady current of vital activity into alternate successions of excitement & prostration, at one time arousing the mental & physical functions to inordinate action & then prostrating it in languor & debility, is a most efficient predisposing cause.

Again it may be urged, our view is difficult of positive proof and the modus operandi involved in much obscurity. We acknowledge to some extent the force of this objection; but if the mode of contagion in Small Pox sometimes eludes our closest scrutiny, it is but fair to conclude the same thing may occur in other diseases, whose power of extension by contagion is not so well settled.

It may be urged, that a deposit of Tubercular matter may take place sua sponte, independent of any exposure to the exhalations of a consumptive. True, it may appear

to do so, as cases of small pox have been known to occur without any definite knowledge of the mode; occurring once in the person of a convict during solitary confinement in which the evidence of his complete isolation was clear, and were it not that small pox never owes its origin to anything less than contagion, this instance might favour the view of its breaking out of its own accord. From the positive evidence before us and the collateral evidence derived from analogy, it seems to us clear that consumption is as strictly a contagious disease as the one to which we have referred

as the type of diseases of this class.

We regret that this subject, presenting so broad a ground, and one so full of promise, should have been so entirely overlooked by the medical investigator.

If I shall succeed in only calling the attention of maturer minds to this interesting & important subject, I will have accomplished quite as much as I anticipated at the out-set.

James Edwin Mathews.

An
Inaugural Dissertation
On Abortion
Submitted to the Examination
of the
Provost Regents & Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
J. A. Franklin
of Maryland
1860.

Abortion

The term abortion is applicable to any case, in which the fœtus is expelled from the uterus before the products of conception are viable, or at any time between the commencement of pregnancy and the end of the sixth month It occurs more frequently at or previous to the third month, on account of the fraitty of connexion between the ovum and decidua, and is also more liable to occur at the begining of each month, corresponding to a menstrual period.

Causes.— The causes of abortion may be divided into the maternal and ovulinc.

1. The maternal causes may arise

from the condition of the mother, or they may be accidental. The habits of life are thought to have an influence over abortion, for we find it most frequent in the extremes of society.

Women of a nervous and irritable nature, who are strongly affected by moral impressions, those of a plethoric habit, and subject to copious menstrual discharges, and those of a sedentary habit very frequently abort. The abdominal and thoracic affections, and the cutaneous diseases occuring in the course of pregnancy often give rise to miscarriage.

Various local disorders, as leucorrhoea, uterine irritation, and

diseases of the rectum, and bladder are said to cause the accident. The various febrile complaints, measles, scarlatina, typhus fever, and small pox may also give rise to the same result.

The accidental causes are those which act more energetically and from without; thus falls, blows, violent concussions, excessive and sudden exertions, straining, and severe coughing act in most cases by separating partially the ovum from the uterus. Mental emotions, anger, joy, good or bad news suddenly told may excite the uterus to contraction. Some women are consti-

tutionally predisposed to abortion; and indeed there are some, in whom it becomes habitual, so that they abort from the most trivial causes.

2. The ovulum causes may in general terms be considered to be anything which compromises the life of the child. Certain conditions of the membranes, diseases of the placenta, and separation of the ovum sometimes cause the death of the fœtus, and are therefore considered as ovulum causes of abortion. Hæmorrhage occuring either from internal or external causes is not unfrequently the cause of abortion, partly

from the distention and irritation of the uterus, and partly from injury to the fœtus. Generally the death of the fœtus is followed by its expulsion, but the period of this occurance varies; a few days only may elapse, or it may be months, or in a few rare cases, years.

Symptoms.— The symptoms of abortion vary with the period of its occurance. When it happens in the early days of gestation, the phenomena are not very remarkable; and generally the pain being so slight that the patient scarcely suffers more than in a difficult menstruation.

The first uterine contraction generally being sufficient for the detachment of the ovum, it escapes either in mass or in shreds usually surrounded by fluid or half coagulated blood, and being mistaken for a clot, it often passes away unnoticed

At a more advanced period of gestation, the symptoms of abortion are better marked. The patient generally experiences shiverings, languor, weariness, and an aching or pain in the back, followed by an increased or excited state of the circulation, with frequent ineffectual desires

to urinate, pain in the loins, a sense of weight near the anus, and vulva, and a sense of sinking at the epigastrium; after these preliminary symptoms have lasted for a shorter or longer time, the pains in the loins become more and more acute, extend round to the hypogastrium, and are repeated at short intervals, finally assuming all the characteristics of true uterine contractions.

The stomach frequently becomes irritable, and often ejects its contents, the pulse quickened, and skin hot. A slight discharge of mucous or blood

from the vagina is observed. If now an examination be made per vaginam, the os uteri will be found partly dilated, the dilatation progressing with the frequency of the pains; in the mean time the membranes protrude and are ultimately ruptured; the waters escape, and the contents of the womb or a portion of them are expelled; nevertheless it not unfrequently happens that the fœtus in the unbroken membranes, together with the placenta are all expelled at one and the same time, and in such cases alarming hæmorrhage is thought rarely

to occur.

The above enumerated symptoms do not characterize every case of abortion. Sometimes we meet with cases in which the ovum is expelled from the uterus with scarcely any pain, and attended with little or no haemorrhage. Such cases we find chiefly in women who have acquired the habit of aborting. Occasionally cases are met with in which many of the ordinary symptoms already enumerated are presented, but which subside after a time without the expulsion of anything from the uterus until the expiration of the

full term of utero gestation, when the birth of a full grown child is accompanied with a blighted fœtus, but this is of rare occurence.

Abortion may be attended with more or less flooding, the fœtus may sooner or later be expelled, the shell of the ovum being retained, which is generally detached after a while, or it may be dissolved and discharged with the lochia. So long as it remains in the uterus, there is great danger of flooding; and in many cases where it dissolves by putrefaction in the uterus, uterine phlebitis is the consequence.

Abortion may also be accompanied or preceded by alarming hæmorrhage, and life may be reduced to its lowest ebb; but with proper treatment the patient most always recovers. Flooding rarely continues after the expulsion of the ovum

The flooding may be the result of external violence, such as falls, or blows, or of some condition of the ovum, or its vessels; it may be internal for a time or it may be discharged per vaginam from the begining. The diagnosis of the latter case is not difficult, but that of the

former is somewhat obscure. The symptoms characteristic of internal hæmorrhage are paleness, exhaustion, fainting, a dark shade under the eyes, jactitation, anxiety, great frequency of the pulse, and sometimes a pulseless wrist, with cold clammy extremities. The patient complains of occasional dull pains in the pelvis, weight about the rectum, headache, lassitude, slight shiverings, sometimes a difficulty in voiding the urine and tightness of the epigastrium.

If the uterine tumour be above the pelvis, and it

be now examined, it will be found tense, and larger than natural for the supposed period of pregnancy.

Treatment.— When called to a case of threatened abortion the first question that presents itself, is whether it can be averted or not. This, however, we cannot acertain with certainty, and must therefore conduct our treatment, according to the various symptoms that are presented to us.

If the hæmorrhage, and pains be very slight, we may succeed in averting the abortion; but if the pains

are of a bearing down character, and have continued for some time accompanied with much flooding, there is but little hope of success. In such cases, if the patient be robust and plethoric, it may be advisable to take blood from the arm; and she should repose upon a hard bed, lightly covered, in a cool room and be kept perfectly quiet. An attempt may then be made to suspend uterine action by the administration of full doses of opium or some of its preparations. The tincture of

Indian hemp in doses of five or ten drops three times a day is also recommended; an enema of cold water, or cold to the vulva, and the acid mixture are also useful.

If the above remedies all fail we must then act according to the circumstances of the case. If the pains increase and expel the ovum, and there be but little hæmorrhage, nature requires but little interference.

In cases in which the fœtus alone is expelled, and there is no flooding, we may wait a-while, to see if the uterine efforts will detach

the secundines; if not we may sometimes reach them with the finger, and gradually withdraw them; if this fail the ergot of rye may be administered. But there are cases in which all of these plans fail. Then the ovum may be extracted, by introducing the right hand into the vagina, and one or two fingers into the uterus, with the left hand grasping the uterus through the abdominal parietes, in order to excite its contractile powers, and thereby obviate the danger of hæmorrhage. But this is always fraught with danger, and should not

be resorted to, until we are satisfied that the powers of nature, even under the influence of ergot, are exhausted.

In those cases which are complicated with a considerable amount of flooding there is little or no chance of preventing miscarriage, and our endeavours must therefore be directed to moderate the discharge until the ovum is expelled. The tampon is the most direct means of restraint which we possess; but this should never be employed if there be any danger of internal hæmorrhage, that is, if the uterus be empty and the patient far advanced

in pregnancy; but if the uterus be filled with its natural contents, or be only slightly distended, even though empty, we can always employ the tampon with safety, and arrest the hæmorrhage.
Among the different articles recommended to be used as a tampon, a soft silk handkerchief answers the purpose as well as any thing else.
The vagina must be completely filled, and in the course of six or eight hours, the tampon should be removed, and the os uteri carefully examined; if the ovum has sufficiently descended it should be abstracted, but if not the tampon may be replaced if necessary, and ergot administered

to excite the uterus to action.
Cold should be applied to the vulva, and an enema of cold water is thought to be beneficial. The introduction of pieces of ice into the vagina as far up as the os uteri has been practised with success in extreme cases of hæmorrhage. Small doses of opium are very useful. Some recommend the acetate of lead, others large doses of dilute sulphuric acid in infusion of roses.
There are some cases in which the means above recommended fail, and then a more direct interference becomes necessary. The hand must be inserted into the vagina, and two fingers into the uterus, and the ovum extracted, but such an operation

is always attended with danger at an early period of gestation, and requires delicacy, gentleness, and tact, and in a majority of cases it is far preferable to trust to the operations of nature, guarding against threatening, and alarming symptoms, than to interfere rashly, or prematurely. In the after treatment of patients who have aborted, the same precautions must be observed as are required after ordinary labour at full term.

An Inaugural Dissertation on Gunshot Wounds

Submitted to the Provost, Regents and Faculty of Physic of the University of Maryland, for the Degree of Doctor of Medicine.

by

Charles Lawrence, Gwyn
of Virginia

Gunshot Wounds

The subject of this essay embraces a class, which from their severity, are justly regarded as the most dangerous in the whole catalogue of wounds. It would be quite foreign to our purpose to enter into a history of the invention of gunpowder or the equally as effective agent guncotton or the advancement of surgical knowledge in the treatment of these injuries.

Gunshot wounds embrace all those injuries inflicted by the explosion or bursting of

firearms or, in more general terms, those caused by the combustion of gunpowder. They consist of two varieties, viz those caused by the shot direct and those inflicted by splinters of wood, by particles of dirt or stone, etc. which varieties also consist of severe contusions with or without solution of continuity.

These wounds have, of course symptoms in common with all simpler wounds or solutions of continuity, but they also present certain complications

in lieu of substance, contusions and lacerations peculiar to themselves. When a part has been struck by one of these stern leaden or iron messengers among the first things that we examine is the orifices to see whether the ball remains in the part or from which quarter the missle may have come. We generally find the hole, made by the entrance of the bullet, smooth, round and with its edges inverted while the perforation made by its exit presents a ragged irregular appearance with

its edges prominently everted. Though this rule does not hold good in all cases, some of the most eminent surgeons have found on careful examinations that the exceptions are nearly as numerous as the rule and also that it is often impossible to distinguish one orifice from the other; this is easily accounted for. for the ball may carry anything that opposes its course into the wound, such as the wadding, bits of clothing, buttons, etc which may make a wound which will be far from

being regular or well defined.
—Pain is another important symptom, though some authors deny its necessary existence. the pain may be severe or it may be numbing. or the attention may be directed to some other part and the pain may not be felt, we often have instances of this circumstance in the case of some soldiers who in the excitement of battle never perceive their wounds until their attention is directed to it by a comrade or by the blood on their persons

The hemorrhage is but seldom violent except when some large bloodvessel is wounded or divided and as a general rule the amount of blood lost depends upon the nature of the injury and is generally trifling.

The constitutional symptoms are well marked and grave in their character. We find the patient in a cold sweat, with pale surface and trembling of the extremities and inability to support an erect posture accompanied by vomiting, faintness, great

anxiety with confusion of intellect. These symptoms are always modified according to the amount of injury done ~~on~~ by the degree of vitality of the part implicated.

There is also several other important circumstances to be taken into consideration as assisting us in forming a correct diagnosis. We must be aware that the slightest obliquity of surface or difference in density may cause a ball to diverge from its course. Hennen relates a case where a ball struck upon the thyroid car-

Tilage and passing around
The neck came out where it
had entered I saw a
case at Harper's Ferry during
The insurrection or rather Brown's
Farm, where a Ball struck a
young man in the left
hypocrondric and came out
in the right hypocrondric
region having passed around
the peritoneum without injuring
it, in such cases the course of
ball is marked by blue or livid line
The velocity of the missle is
a matter of importance for it
is an established fact. That the
injury inflicted by a spent ball

is more serious than the injury inflicted by a ball moving ~~xxx~~ with great rapidity.

The prognosis depends upon the situation and character of the wound as well as the age, habits, constitution of the patient and the mode of treatment employed.

The head, thorax, and abdomen have been called the "tripod of life" as they contain the organs necessary for the support of animal life and the wounding of them is generally followed by serious consequences if not fatal.

My preceptor, Dr J. P. W. Dunbar had a case, which I am pleased to say he treated successfully, where a portion of the brain was destroyed by the breech-pin of a gun, which burst in the hands of the patient, the peice of metal entered on the right side of the head and was removed from near the cristi galli of the ethmoid bone, this patient I have frequently seen at the office and his intellect does not appear to have suffered from the accident.

The case of General Sheilds

of the United States Army, who was wounded at the battle of Cerro Gordo, during the Mexican war, presents an example where a ball passed through the substance of the lungs and yet terminated favorably. And for an example of a case where a wound in the abdomen was successfully treated. I have but to refer you to the case of the Canadian soldier Martin upon whom Dr Beaumont made his famous physiological experiments. So we see that all wounds made in either

of these great cavities are not necessarily mortal. but yet unfortunately the majority of cases end fatally. In wounds of the pelvic viscera where the bladder is involved it is necessary to keep it empty to prevent the collection and effusion of urine. Where the ball is embedded into the substance of the bone it is the surgeon's duty to remove it with either the trepine or chisel

Wounds made by shot of any kind, unlike simple incised wounds, never heal by first in-

tention, the cause of this is
that the part through which
the ball passes looses its vital-
ity and the process of sloughing
out the dead part, which be-
comes a foreign body and an irri-
tant, has to be carried on before
the parts can heal In favor-
able cases inflamation is lighted
up within twenty-four hours
the part becomes stiff and pain-
ful, it exudes some reddish se-
rum In the course of four or five
days the part in the track of
the ball begins to come away
changing in color from a black-
ishred to a brownish yellow and

in the course of ten or twelve days sooner or later the entire slough is thrown off. In the meantime granulations are formed and in five or six weeks the wound heals with a depressed cicatrix, the lower orifice closing first.
Such are the general symptoms course and terminations in healthy constitutions, but the complications add another feature to these accidents. The complications are the Inflammatory, Foreign bodies. Mortification and Secondary hemorrhage. The Inflammatory complication is the same as in

other kinds of wounds, takes the same course and requires similiar treatment. Foreign bodies should be at once removed as they cause irritation and consequently increased inflammation and agravation of the constitutional symptoms while the suppuration will be more copious and exhausting but if nothing but the leaden ball, and it be smooth and round, remain, and does not press upon any important bloodvessel or nerve its remaining will not be detrimental to the health of the patient, but will become encysted

in either the cellular tissue or the substance of the muscle Mortification supervening upon gunshot wounds follows the same course, presents the same symptoms and requires the same treatment as in other wounds it occurs more frequently in Military than in civil practice owing to neglect of proper treatment and want of suitable hospital arrangements Secondary hemorrhage is rare and is supposed to occur from the suppuration of an artery during the process of sloughing. Mr Guthrie states that it

does not occur in more than three or four cases in a thousand. The Treatment. The first and most important indication is to arrest hemorrhage which may be accomplished by a variety of means, viz by cold, torsion, ligature and by the actual cautery, if the artery be small, little or no danger need be apprehended, but if large it should be immediately cut down upon and ligated as a general rule styptics are useless except so far as for the water they contain Dilatation must be performed

with the greatest care, if performed at all, else we may injure more important organs or divide larger arteries than those already bleeding. As soon as the hemorrhage has ceased or been arrested careful examina- must be made to ascertain whether any foreign matter remains in the wound, the finger is the best probe for this purpose when not too short nor too thick. in either case we have recourse to the long gunshot probe. In making our examinations the parts should should be in the same

posture that they were in at the time of receiving the injury, if not the difficulty in reaching the foreign body will be increased besides unnecessary pain is inflicted. Incisions should never be made for the removal of foreign bodies both on account of the pain and the depressing influence on the mind of the patient in case of failure. Balls that have passed nearly through are part and are less than an inch from the surface may be cut down upon and extracted. But if more than an inch should be let alone

Balls imbedded in the substance of the bone should be removed by the crown of a trepine, by a chisel or by the screw, to obviate the occurrence of necrosis or caries After the hemorrhage is arrested and the foreign bodies are removed then the wound should be ~~arrested~~ washed clean and the simple cold water dressing applied. Rest and quiet are indispensible. Poultices should be dispensed with as agents that are apt to do more of harm than benefit. Cleanliness and diet require attention.

Now Gentlemen it becomes our task to examine in a brief manner the question of the propriety of amputations and when they should be performed whether primarily or secondarily.

The question that comes up for our consideration is whether the effort to save the limb will endanger the life of the patient? It is obvious that the character of the wound as well as the age health and constitution of the patient have their influence and we must be guided by the rule adopted by military men

those having most experience in such in such matters. they say "that if there is a complication of fracture that the limb must be removed to save the patients life" Supposing amputation be decided upon then the question arises the question shall the operation be a primary one or a secondary? I am inclined to favor the primary opereration for the reason which I shall now state. If the limb be so mangled as to require amputation it must naturally be a cause of irritation and we know that a good clean

stump is more convenient for handling especially among soldiers Again we need never have fear of immediate death during the primary operation while on the other hand by the time that the secondary amputation is deemed necessary the patient is so worn out by suffering that he is unable to stand the operation and often dies under the knife.

After the amputation has been performed the next duty is to restore the patient by some stimulant. brandy and wine are the best and most

easily procured It is foreign to our purpose to discuss the various modes of amputation nor the value of the different anaesthetic agents, but shall conclude this essay by giving a few of the rules of Amputation.

1st If a limb has been severed by a cannon ball the stump must be amputated If the bones be splintered to the joint or so near that mischeif is suspected the operation must be performed

2nd Gunshot fractures of the femur require it, so do divisions of the femoral vein and artery and

sciatic nerve, but not in mere lacerations of the soft parts
3rd Injuries of the knee joint and ankle, extensive fractures of the tibia with or without division of the nerves and bloodvessels require it, but not mere lacerations of the calf.
4th As the arm requires a vast amount of injury to render it necessary - it should never be be performed unless the wound be most destructive of its kind
5th Gangrene occurring and spreading beyond the fingers or toes should be amputated above the diseased part.

This Gentlemen ends the little
I have to say upon this upon
this important subject although
concious that I have not treated
it in the manner its impor-
tance demands I hope that
it may meet with your ap-
probation

I have the honor to remain
Yours, etc. etc
Chas. Lawrence Gwyn

An Inaugural Dissertation
On
Cholera Morbus

Submitted to the examination
of the
Provost, Regents, and Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
by

J. M. Patterson.
Stewartstown
York County
Pennsylvania.

Feb. 14th 1860.

Cholera Morbus.

Any vomiting and purging of bile of a vitiated character is now recognized as Cholera Morbus. This disease is synonymous with Cholera Sporadica. It is derived from two Greek words signifying a flow of bile.
It consists chiefly of vomiting and purging of bile of a vitiated kind. Occasionally it simulates Asiatic Cholera, in the latter vomiting of bile seldom occurs and is always a good indication; but here it is invariably present. Cholera Morbus is a very common endemic disease during the summer season in many parts of the United

States, and in all probability the same as that occurring Epidemically towards the close of summer and beginning of autumn in England.

Symptoms.

The symptoms recognized in Cholera Morbus are, sometimes, a preceding chill, though this is not always present, the patient may not even have rigors, the vomiting and purging very frequently beginning at once, especially when the immediate result of some intoxicant influence on the stomach and bowels: but, not unfrequently, it is preceded for some hours or even days by a feeling of weight or other

uneasiness in the epigastrium, the patient has Colica pains, more or less headache, and pain in the brow, and sometimes by a furred tongue, rigors or a chilliness, and a slight febrile excitement. The vomiting and purging are usually preceded by a good deal of nausea, which is attended by spasmotic pain or cramps in the stomach, these pains are sometimes excruciating, but are usually relieved after the contents of the stomach have been discharged. Sometimes the patient experiences distressing nausea during the intervals between the paroxysms of vomiting, and complains of general langor and exhaustion. The matters ejected are at first the contents of the stomach, then

the secretions, and then the chyme. The substance vomited being either the food recently taken into the stomach, or some colourless and often sour or acrid liquid, the evacuations from the bowels being fecal. But in many instances these are soon followed by a green or yellow bilious matter, which is more or less acrid and intensely bitter.

The patient has great pain in the stomach, or at the umbilicus, or in the intestines. He also has great thirst but the stomach rejects every thing taken into it, even ice-water.

At first the pulse is strong, but soon becomes weak and rapid.

The skin at first is warm, but soon beco-

ness cool and shrunken, and the strength of the patient rapidly fails.
Sometimes cramps occur, beginning in the lower extremities and extending to the arms and chest.
Sometimes these spasmotic contractions of the muscles amount to convulsions.
The most violent of those symptoms usually subside after a few hours, in favourable cases, leaving only temporary debility, or they may readily give way to proper treatment.
But, either from original violence or neglect, this disease occasionally assumes an alarming character.
The pulse now becomes extremely feeble, irregular, frequent and small, the respiration

frequent and short, the extremities cold. the skin is bathed in cold sweat, the eyes are surrounded with a dark areola and sunken.
Not unfrequently the patient retains his mental faculties until death.
As a general thing cholera morbus runs on for two or three days before terminating fatally, though death may occur within twenty four hours.
This disorder is sometimes attended with moderate febrile symptoms resembling bilious fever.
The sudden supperession, by opium, of the discharges will give rise to a similar state of the system. In some isolated cases the evacuations are whitish or colourless,

instead of being bilious, as is sometimes the case in Epidemic Cholera.
Those cases are by no means necessarily fatal, although the attendant symptoms are of an aggravated character.
Cholera morbus pretty generally subsides under proper treatment without any unpleasant effects, leaving the patient only moderately debilitated, from which he speedily recovers by the aid of suitable diet, very seldom requiring medical aid.
There is occasionally a troublesome diarrhea set up, or the patient is left with other evidences of a continual irritation of the stomach and bowels.
Delirium tremens is apt to be induced

by the sudden checking of the cholera in persons who have led an intemperate and sedentary life. Cholera morbus is most apt to prove fatal to the intemperate, infirm and very old: but in persons of a good constitution the disease is very rarely fatal.

Causes.

The causes which produce cholera morbus are improper ingesta, such as food or drink of a poisonous character. The disease first attacks the stomach, then the duodenum and from thence it is transmitted to the liver. Exposure to great cold

when the body is very warm and perspiring, or prolonged heat may be sufficient to produce the disease. Also does malarious poisioning sometimes, when the disease most generally assumes an intermittent or remittent type. Mental emotion is also sometimes a very violent exciting cause of this disease.

But the most general exciting cause of the disease is indigestible and irritating articles of food and drink, such as the imperfect and unripe fruits and vegetables of the summer season, and the many species of shell fish, water, and liquors which have incompletely fermented.

A very excessive indulgence at the table, or very cold drink, and various movements which act on the brain and through the brain on the stomach such as turning round very rapidly or riding with your back in the direction in which you may be going. This disease is most prevalent in hot countries and during the hot season in temperate latitudes. This disease occurs most commonly in July and August.
It chiefly attacks adults, but all ages are liable to the disease. It sometimes appears Epidemically as does it also sometimes, though not often, appear Endemically.

Nature.

Sometimes redness and congestion are found in the stomach, or some portion of the bowels; but in many cases no such indications are found, and as dissection reveals nothing which can lead to any accurate conclusion; the disease must be inferred from the symptoms and causes. In all probability, the disease may consist in congestion of the portal system, which congestion is produced by a long continued action of a high temperature, such as to induce irritation in the stomach, bowels and liver, as indicated by an

altered and increased secretion.
The irritating quality of the morbid intestinal secretions and bile are sufficient to account for the painful gastric and intestinal symptoms.
That this is the fact there can be no doubt when we remark the very great relief afforded by their discharge.
The nausea and the profuse discharges are the cause of the depression of the general system.
Instead of the extreme thirst being an evidence of inflammation of the stomach, it is the mere expression of the wants of the blood vessels in the throat and neighbouring parts.

Diagnosis.

The diagnosis of cholera morbus is generally pretty easy to make out. The appearance of the bile will almost always distinguish it from Asiatic Cholera. It can be distinguished from bilious fever, gastro-enteritis, and inflammation of the liver, in which there is also vomiting and purging accompanied with more or less bile, by the absence of a hot skin, a strong pulse, headache and by its shorter course, and less degree of tenderness.

Sometimes the disease so very nearly simulates the effects of Calomel that it is only with the greatest difficulty

that a differential diagnosis can be made, here the history of the disease will be an important guide.
The vomiting generally precedes the purging at some length, in poisoning by corrosive substances, the discharges are seldom so highly bilious, and the poison may even often be detected in the evacuations.
The season of the year and the circumstances pertaining to the originality of the complaint, will also assist in forming the diagnosis. The vomiting, purging, weak and feeble pulse, sunken eyes, pains in the back and limbs, especially in the calves of the legs, and the general depression of the system will serve to make out a diagnosis.

Treatment.

The treatment depends on the cause. If it be from improper ingesta empty the stomach by an emetic of warm water and salt or mustard, or of Ipicac or Sulphate of Zinc &c, and then give an anodyne.

If there be an acid present combine an alkali, such as Lime water, Soda, Magnesia &c with the emetic.

After you have produced free emesis give small lumps of ice and just enough to allay the burning heat of the stomach.

The best antacids are magnesia and lime. If the contents of the stomach

be alkaline you should give a few drops of Nitric, Sulphuric, or Chloro-hydric acid. If there is much pain existing employ Opium, as a poultice or give it as an enema. Remove the cuticle from the epigastrium by a solution of ammonia, and then sprinkle on from one-half to a grain of Morphia, or employ stripes of Laudanum or a Hop poultice. For an enema two or three grains of Opium dissolved in water will answer or its equivalent in Laudanum. When the fever runs high bleeding from the arm is sometimes very requisite; and it is almost always necessary to apply cups or leeches to the epigastrium.

Sometimes pure Brandy in small quantities will be requisite to arrest the vomiting. When, however, the usual remedies do not succeed a very good remedy will be found — one that rarely if ever fails, in this combination Viz:-

℞.

Wood Naptha gtt. v — X
Chloroform gtt. ii — X
Aqua Pont. ℥ ʒ f — i.

S. pro re nata.

Sometimes when the stomach will not even bear the above, make the patient hold it in his mouth, for some time.

If the vomiting depends on the Liver

give an emetic, which should be followed by a large dose of Calomel.
If there be no pain in the stomach you should give alum or mustard and aid the emesis by large draughts of warm water. If the disease proceeds from cold, restore the action of the skin by sinapisms, friction with stimulating liniments, and by warm baths such as the hip bath, the plunge bath, the foot bath and poultices to the calves of the legs and over the abdomen.
The following combination will be found to be one of the most efficacious as a poultice Viz:- Mint, Brandy, Wheat bran and warm water.

For the Mental Condition.

The best remedies for the mental condition are the antispasmodics, such as assafœtida, musk, valerian, camphor, castor, Opium &c.
And we should be very careful not to neglect the bowels; but remove all offending matters by means of a mucilaginous enemata.
But in any case we should stimulate the functions of the skin, and control the action of the heart if necessary – stimulate when the condition is feeblest and employ all the anti-emetic remedies usually recommended.

The greatest caution should be observed, during convalescence, in relation to the diet, which should consist of mild and easily digested aliment, such as farinaceous substances, milk, cream, broths without fat, and the lighter forms of solid animal food.

This, Gentlemen, concludes my thesis. In preparing the above, I have aimed to arrange it in the most explicit and condensed form possible. Hoping that I may soon go abroad to the relief of suffering humanity, I now commit it to the "Green Room".

A
Clinical Report
of
Six Cases
Submitted to the examination
of the
Provost, Regents, and Faculty
of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
K. S. Cropper
of Maryland
1860

Six Cases.

Two Cases of Typhoid Fever.

One of Vesico Vaginal Fistula.

One of Strangulated Hernia.

One of Pneumonia.

One of Syphilis.

K S Crossper

Case of Typhoid Fever

Randall Williams, negro man, aged 26 years, came into Baltimore Infirmary March 4th 1857, sick at that time one week. At the time of his entrance, he presented the following well marked symptoms of Typhoid Fever. Severe pain in the right iliac region, tenderness upon pressure, with tympanitic distention of the abdomen, gurgling and diarrhea. He had a severe racking cough, and applying the ear to his chest, mucous bronchi was heard in both lungs. His pulse was 84 per minute and respiration 22. He was ordered the following as a stimulating expectorant-

℞ Syr Scillae
Syr Senega āā ℥ii
S Teaspoonful every 4 hours
He was also ordered the following as a nervous stimulant
℞ Pulv Opii gr ½
Gum Asafoetidae grⅰⅰⅰⅰ
M Ft pills. S One every 3 hours
Trim and beef tea was ordered to be given freely
March 8th During the past 4 days very little change in his condition has been observed, this evening he seemed to be worse, prostration greater. — diarrhea ceased, pulse 82 respiration 20 per minute. He was ordered the following
℞ Tinc Ferri Muriat gtt xx
S Every 3 hours

The pills were discontinued, wine beef tea, and whatever other nutritious articles he wished were administered freely.

March 10th During the past two days he has been failing rapidly. to day pulse 80 respiration 18 per minute. had considerable hemorrhage from lungs and stomach, upon making examination, it was discovered that there was dulness upon percussion over both lungs, but more extensive upon the left than the right side, upon auscultating over region of both lungs, crepitant rales were heard in the upper portions, evidencing an effusion, to day he was ordered

℞ Ol Terebinth gtts x
& Every 3 hours alternating with iron

March 11th He appears to be much weaker. pulse 84. and dicrotic, respiration 24, had copious hemorrhage from bowels, his stools seeming to have but very little fecal matter in them, almost entirely of blood
March 12th To day symptoms still graver, pulse 112, respiration increased in a larger proportion, with the hemorrhage from his lungs, bowels and stomach. he passed a large amount from his kidneys
March 13th To day much worse, pulse 152, respiration 40, considerable delirium, hemorrhage from the various organs still continuing.
Dr Frick fearing the turpentine might possibly assist in the hemorrhage from the kidneys, it was discontinued, he was or-

-dered

℞ Ammon Carb grs v

S Every hour

A large sinapism was applied over the chest. Notwithstanding the powerful stimulants which were administered the prostration increased, the hemorrhages from the different organs could not be suppressed & at 5 P.M. o'clock he died, in a state of asphyxia. He seemed to suffer very little in his last moments

The changes revealed by post mortem were the following. Congestion of the lung, Hypostatic, auscultation & percussion before death revealed that state of the lung and ecchymosed condition of the stomach. fatty degeneration of the liver, with alteration of a

few of the Patches of Peyers. The Post Mortem verified Dr Fricks diagnosis in every particular

Case of Vesico Vaginal Fistula

Sarah Ann. a negro girl. aged 20 years. came into Baltimore Infirmary May 4th 1857. She stated that on Wednesday March 17th 1858. she was taken in labor, which continued untill Sunday night following, after which time the child was delivered by the aid of forceps. From the long continued pressure of the childs head in the inferior strait, sloughing ensued. which produced a vesico vaginal fistula, the fistula was about 3/4 of an inch in length, and short distance from the neck of the bladder. On the 23d of May she was ready to be operated on, after some preparatory

treatment — such as clearing out the intestinal canal by the means of some mild aperients. A chair duly prepared, and in an inverted position was placed on a low bed, upon this she was laid, with her face looking towards the floor, and her buttocks elevated, her lower extremities were stretched apart as far as possible, and securely fastened to legs of the chair, after which chloroform was freely administered, and when she was fully under its influence which was in about 3 minutes, the operation commenced. The edges of the fistula had — become hard and callous, they were pared, so as to obtain

an even and fresh surface. the interrupted suture with the perforated shot. without the bar or clamp was used. only four shot were necessary to bring the edges into apposition. the whole time occupied was only 30 minutes, after the operation the self retaining catheter was introduced, to prevent the urine from escaping through the wound or opening. She was then carried to her bed, and opium grs 1 every 4 hours was given to prevent action on the bowels, which had the desired effect. this treatment was continued until the 8th day, when on the 11th day the sutures were removed —

perfect union having taken place in that time, on the 13th day the catheter was removed. At this time her bowel not having been moved since the operation an aperient was ordered, which operated freely. She continued to improve from day to day, and on the 14th of June she left the house cured

Operation performed by Prof Millenberger

Case of Pneumonia

John O'Zacher, shoemaker by trade aged 30 years, entered the Baltimore Infirmary, on Monday November 14th 1859, sick 8 days, He presented the following symptoms. on being examined, very weak and feeble, pulse & respiration hurried, the former 125, the latter 52 in the minute, rusty sputa, Percussion & Auscultation developed the following important signs, decided dullness over the whole of right lung, bronchial breathing & bronchophony both present with absence of vesicular murmur, some fine crepitation was discovered at the top of lung immediatly under clavicle, he had the following injudicious treatment before entering, active purgation with

some active cathartic, which produced 15 or 20 copious evacuations daily, for 2 days. this would in a measure account for his broken down condition, in consideration of which bloodletting was deemed inadvisable Doctor Chew ordered the following

℞ Potass Bi Carb — ℥ij
Tart Anti et Potass gr ij
Aqua Mentha
Syr Simplex āā ℥j
Aqua Distil ℥iv
M ft in solutio
S Tablespoonful every 2 hours.

also ℞ Opii Pulvis grs iij
Pulvis Ipecac gr iij
M ft in pilis vi S one every 4 hours

Three dry cups were also ordered over the lung affected, but affording no relief, wet cups were applied instead

about 5 or 6 oz were taken, after which he was markedly relieved, a blister was then applied over the whole side

Tuesday 15 Somewhat relieved, Pulse and respiration more regular, some crepitation still existing at the top of lung. The Antimony was increased from 1/8 to 1/4 of gr other treatment the same

Thursday 17 Patient much improved, with the exception of his cough which disturbed his rest at night, and during the time he expectorated very freely, the sputa having lost much of its characteristic appearance, some fine crepitation, existing posteriorly with tubal breathing, His gums being somewhat sore and swollen the mercury was discontinued,

Friday Nov 18 Patient sleep was undisturbed through the night. cough not at all troublesome, pulse not so strong, otherwise a decided improvement. The Antimony was decreased, being given at intervals of 3 hours instead of 2. discovering some friction sound at the top of lung the mercury was renewed, some little air seemed to enter vesicles Sat Nov 17 Calomel stopped, and the following ordered

℞ Eupatorium

Senega aa ℥ss

M F in infus Spiniglass & Tinct pudii

Mon Nov 21st Much improved. air entering all parts of his lung freely, pulse natural in frequency though not in strength. same treatment continued

Tuesday Nov 22nd Patient still improving rapidly. well enough to sit up and take his breakfast, and converse with fellow patients,

Wednesday Nov 23rd to 28th Still improving as before. Taken off all treatment. but some mild stimulant. such as wine whey,

~~Monday~~ Tuesday Nov 29th Patient out of danger, and well enough to walk about the house

K. S. C.

Case of Typhoid Fever

Joseph Forman, a sailor, aged 21, entered the Baltimore Infirmary, Sat Nov 26th 1859, sick 3 weeks, the symptoms noticed by him during that time were the following, frequent rigors, headache, epistaxis, diarrhea, and a feeling of general debility, the following symptoms presented themselves at the time of his entrance, those already mentioned with the addition of rose spots, fever, gurgling in iliac region, with tympanitic distension of abdomen, pulse 100 respiration 35 per minute, the symptoms developed made the diagnosis very plain viz Typhoid Fever

The following was prescribed

℞ ℞ Soda Bi Carb ℥ ij
Potas Cloras ℥ ss
Syr Simp
Aqua Cinnam āā ℥ j M ft in solution
Aqua ℥ iv 8 Tablespoon every 3 hours

Nov 28th Patient not improved. some delirium, with increase of tympanitic distension, bowels very troublesome through the night, rendering sleep impossible His chest covered with rose spots Doc Chew ordered chalk mixture to be given. Same treatment continued

Wednesday Nov 30th Patient improved very much, diarrhea checked, febrile symptoms less marked, pulse about 90, respiration 28. dry rouchi very evident, and some subsultus. Same treatment continued,

Friday Dec 2nd About the same, slept very well the night before. very little delirium, his tounge beginning to clean a little from the edges, some gurgle in iliac region remaining. wine was ordered, as his pulse seemed somewhat feeble. Same treatment continued

Monday Dec 5th Patient improved very much, slept well the night before. pulse stronger, and not so frequent; respiration less hurried, the former 80. the latter 24 per minute, tounge cleaning. and moist. same treatment continued —

Wed Dec 7th Patient not so well somewhat delirious, some prostration evident, stronger food, and increase of wine ordered,

Friday Dec 9th Patient much improved, no delirium, rested well, rose spots nearly all gone, pulse and respiration nearly natural, the chalk mixture & alkaline solution stopped, no treatment but wine & good diet necessary,

Monday Dec 12th Patient still improving his bowels being slightly constipated, a mild aperient was ordered. which had the desired effect, same treatment continued

Case of Strangulated Hernia

Wm Hone, labrer, aged 25 years, entered the Baltimore Infirmary, Sunday Dec 11th 1859. sick at that time 2 days. he gave the following account of his case before entering, he was taken very suddenly with violent pain in the lower part of his abdomen vomiting, with inability to evacuate his bowels, at the time of his entrance the folowing symtoms were noticed, very feeble and wiry pulse, a small sized tumour in the left Iliac region, tympanitic distention of stomach, ~~with~~ stercoraceous vomiting, with all the symtoms mentioned by Sims. Therefore having all the symtoms of strangulated hernia, which is proved to be

Monday 12th Patient suffered greatly during the night, vomiting constantly. Dr Butler attempted to reduce the hernia but failed to do so, Doc Smith when he arrived tried also, but with the same result, after which he concluded to operate, he was brought on the table at 10 O'clock A.M. Doc Smith diagnosed it to be a congenital hernia, combined with hydrocele, he made an incision about 3 inches long, then cut down upon the knuckle of intestine which was found in the tunica vaginalis, and between the two rings, but constricted by the internal abdominal ring, the intestines were found to be slightly congested, he inserted his finger with knife into the ring, and relieved the constricted portion

after which the knuckle of intestine was easily returned, the wound was then sewed up, and patient sent to bed, an enema was ordered immedcatly, it operated freely, his stools were very dark brown color and intensely fetid,

Thursday Morning 13th Patient seemed easier, vomiting less, pulse stronger hand not so frequent, he had several copious evacuation, same character as day before,

Thursday afternoon 5 Oct Sinking rapidly, pulse at wrist almost imperceptible, cold extremities and cold perspiration over whole body, his breathing seemed greatly embarrassed, wine in large quantities was ordered, but to no purpose as he continued to sink up to

12 Oclock when he died. post mortem development gave the following very slight inflamation of peritoneum not sufficient to be cause of his death, therefore he died from ex-haustion, Dr Smiths diagnosis proved true in every particular

T S Cropper

Case of Chancre of Urethra

William Johnson, Clerk, Baltimore City came to Baltimore Infirmary Jany 14th 1860, complaining of a slight discharge from his penis, which had commenced 10 days before. A physician having seen and examined him in the mean time, pronounced it to be gonorrhea, and put him on abortive treatment for same. But on close examination, after entering the house something hard and firm was discovered within the urethra about ½ inch from meatus, on dilating which, the indurated edges of a hard Chancre was discoved. This accounted for the discharge. He also had a large bubo in his groin, which painful very ~~much~~.

He was put upon the following treatment—

℞ Mass Hydrarg grs xx

M Ft in pills ⁊ Sig one ter die

The chancre could only be reached by injection, which was the following

℞ Bi Chloride grs v

Aqua Calcis ℥ss

M Ft in Solutio. S apply with syringe

The bubo was painted with Tinc Iodine three times per day.

Jany 18th Patient about the same, bowels constipated, a mild aperient ordered consisting of

℞ Mass Hydrarg gr iij

Ext Colocynth gr ii

Ext Hyoscy gr j

M Ft in pill

S Give at night

Same treatment continued

Jany 22nd Patient improved somewhat, less tumifaction about the glans, discharge not so copious, or bearing such an unhealthy appearance, more like healthy pus, bubo decreasing in size, the gums beginning to show the effects of mercury. Same treatment continued

Jany 26th Patient very much improved, scarcely any discharge, and the glans about the natural size, the bubo seems to be disappearing rapidly, his gums being swolen and so the mercury was ordered to be given only once per day, other treatment same

Jany 29th Patient still improving Mercury stopped, and Potass Iodidi substituted, bubo nearly gone, wash still continued

Feb 5th Patient much improved since the 29th, all traces of chancre and bubo gone, and patient wishing to leave town, was permitted to do so, but was told to continue Potash one week longer

An Inaugural Dissertation,

on

Mercury:

Its History, Physiological Effects, and Therapeutic Application.

Submitted

To The Examination

of The

Provost, Regents, and Faculty of Physic,

of The

University of Maryland.

For The Degree of,

Doctor of Medicine.

By

Robert Fulton,

Maryland.

MDCCCLX.

"The greatest desideratum in medicine is to discover a mode of rendering a Salivation certain"

Rush.

Mercury;

Its History, Physiological Effects, and Therapeutic Application.

"Were we to believe all that has been said about this drug, we should welcome it as a cure for all the ills that afflict humanity, the veritable panacea of the old dreamers. Unfor-
-tunately we cannot do this. But it is an agent of wonderous properties, a remedy of vast and varied power; perhaps altogether the most useful in our Pharmacopoea. It is the very prince of that class of remedies, unfortunately too few, that are capable of entering the system, of grappling with a dis-
-ease in the blood and of coming off

victorious in the struggle": and as Doctor Watson very pertinently remarks "if we, in our turn could always bridle, and limit the influence of mercury itself, it would be a still more valuable resource". The early history of this metal appears to be somewhat obscure. The Old Testament writers make no mention of it, and it is hence inferred, the ancient Hebrews, and Egyptians, were wholly unacquainted with it.

It differs, and may easily be distinguished from all others, by its fluidity, at the common temperature of the atmosphere. Its volatility is said to have gained for it, the name of that locomotive personage, the Mes-

-ency of the gods. It is silvery white, brilliant, odourless, tasteless, and when pure its globules are spherical leaving no trace or trail when moved upon a sheet of paper; neither is it altered by the action of air or water. It sublimes at a heat of 600°, dissipating in vapour, which has the appearance of white smoke. In this vapourous state, it is highly elastic, and capable of shattering the strongest vessels, if the attempt be made to resist its expansion. It is related, that in the year 1732 an alchemist presented himself before Mr Geoffroy, pretending he had discovered the means of fixing mercury. He inclosed the metal in an iron box, and

this box in five others, which were placed in a furnace; the explosion was so strong, that it burst through the boards of the floor. It boils at 662°, in the same manner as other liquids, and is purified, by repeated distillations. It is said, the celebrated Boerhaave, had the patience, to distil the same mercury five hundred times successively; and the metal suffered no other change, than that it afforded a grey powder, which required only trituration, to convert it again into running mercury. It is indestructable by fire. At a temperature of 39° below zero, it loses its fluidity, and becomes solid, resembling lead or soft tin, and so malleable,

that it has been beaten upon an anvil into sheets thin as paper, and a portion of it on being thrown into a glass of warm water, instantly became fluid, freezing the water and shivering the glass to atoms. If in this frozen state it be applied to the cuticle, a sensation, similar to that of red-hot iron is excited. It's symbol is. Hg. Equivalent 100. Fluid specific gravity, 13.59. Solid specific gravity. 14.

The chief supply of this valuable metal is obtained from ores, in which it exists in combination with other mineral substances; it is found more commonly as a sulphuret, the native cinnabar. This cinnis - ol-

eighty four and a [illegible] per cent. of mer-
-cury and fourteen and three quarters
per cent of sulphur. There is another
ore called horn mercury, from its
having such a consistency as to be capa-
-ble of being cut like horn. In addition
to these, several other varieties of ore
exist in which native mercury, cinnabar,
and horn mercury are dispersed in
varying proportions. Occasionally the
pure metal collects in hollow rocks in
such abundance, that it can be dipped
out of them. It combines freely with gold,
silver, lead, tin, bismuth and zinc:
but not so freely with copper, arsenic,
and antimony: for iron its affinity
is very slight, and still [illegible]

platina. When combined with silver, it is called native amalgam. which consists of, seventy two and a half per cent. of mercury, and twenty seven and a half, of silver. The chief consumption of mercury is in the extraction of gold and silver from their ores. in the manufacture of thermometers and barometers, in the preperation of ver-
-milion, in silvering looking glasses, and last and chiefest in the preparation of many useful pharmaceutical compounds. It's extraction is very simple. Cinnabar is mixed in an iron retort with caustic lime, or scraps of iron, and heat applied; or it may be roasted by which means the sulphur is con-

-verted into sulphurous acid, and the mercury volatilized, the vapour being conducted into a large chamber, where the latter is condensed and the acid allowed to escape. On account of its fluidity it cannot be transported from place to place, without observing extra-ordinary care. Sometimes it is poured, in quantities varying from thirty to forty pounds, into fresh sheep skins, deprived of the wool, and the ends securely tied. This is enclosed in a second skin, the second in a third, and three or four of these are packed in close well-made barrels. Pereira, in his materia medica, relates a very striking case, illustrating the necessity

of exercising great care, in securing the metal properly. Several tons of quicksilver which had been saved from a wreck, were received aboard two vessels. In consequence of the rot-ting of the bags the mercury escaped, and the whole of the crews became more or less affected. Two hundred men were salivated in the course of three weeks, of which number two died; All the animals, cats, dogs, sheep, fowls, a canary bird, and even rats, mice; and cockroaches, were destroyed.

Mercury is usually imported into this country, in wrought iron bottles, called flasks, their mouths being closed by iron screws, and each flask holds

seventy six and a half pounds of metal.

The principal mines are in Spain, Austria, and the country bordering on the Rhine; recently it has been dis-covered in Upper California, between San Francisco and Monterey, in great abundance and remarkable purity.

The oldest mine is that of Almaden in Spain, which has been worked from time immemorial. The veins are from three to fourteen feet in breadth, and where they cross each other, the breadth is much greater than that. The Greeks obtained vermillion from thence, seven hundred years before the Christian era, and Pliny says Rome annually received one hundred thousand pounds

from the same source. The mine was considered so valuable, that a door was placed at it's entrance, and the key kept by the governor of the province, subject only to the Emperor's order, and when Rome had obtained her supply the door was made fast. Notwithstanding it has been actively worked for centuries, at the present time it does not extend over one thousand feet beneath the earth's surface. This fact will give some idea of its immense value.

The Egyptian magicians are said to have imitated the wonderful miracles of Moses, by employing wands and cords filled with Mercury,

which the influence of the sun's rays caused to move, after the manne of serpents. It was first employed as a medicinal agent by the Arabian physicians, but only externally against vermin and in cutaneous diseases. The credit of administering it internally is attributed to the renowned empiric Paracelsus.

Physiological Effects.

These are referred to by that sublimest of all poets, Shakespere, when speaking of a deadly poison,

"Nor no drop
Holds such an enmity with blood of man
That swift as quicksilver it courses through
The natural gates and alleys of the body".

He more alludes to its mechanical agency, when resorted to as an agent to remove obstructions of the bowels, as for example in intus-susception or intestinal invagination. The distinguished French chemist Miallhe says "a remedy must be soluble or capable of becoming so, in the fluids of the living body, before it can be absorbed". Pure metallic mercury is not soluble in any of the animal fluids, and consequently cannot undergo absorption; so that when taken into the stomach in this state, and for this purpose, except by its weight, it is perfectly inert; but indeed, it combines with oxygen in the alimentary canal, in which case it may and often does acquire activity, by

uniting, as is supposed, with the gastric acids and alkaline chlorides.

Mercury even at the ordinary temperature of the atmosphere, gives off a certain amount of vapour. Dr Percy Bright has shown, that this vapour undergoes partial oxidation in the air. It was doubtless owing to the agency of this oxide that the crowd, previously referred to, were salivated, and the animals killed.

In the form of vapour, inhaled, or applied externally to the surface of the body, its effects, especially upon the nervous system, are most injurious, producing a form of shaking palsy, tremor mercurialis; in some instances salivation and haemoptysis.

Externally applied it has occasionally exerted its specific effects upon the system; for instance. "a fatal case is recorded in which salivation was induced by wearing at the breast for six years a leathern bag, containing a few drachms of liquid mercury, as a prophylactic against itch and vermin".

Administered internally in either of the usual forms, as Blue mass chloride or Bi chloride of mercury, it is absorbed by the veins and enters into the circulation. This is proved beyond a doubt, for chemical tests have revealed its presence in the blood. It has been detected making its exit from the system in the various excretions, as the urine.

bile, milk, saliva and sweat. Post mortem examinations have likewise revealed its presence in the solids, the brain, bones, serous membranes, and in the lungs and liver. The question very naturally arises how could it possibly reach these distant parts, except by absorption, and through the circulation? The query can only be solved satisfactorily by admitting its absorption. We are compelled therefor to that conclusion — it is absorbed.

Given in small and repeated doses, it causes an increased activity in the secretions and exhalations, and this action is particularly observed in the digestive organs, by the increased quantity of intestinal mucous, bile and

saliva; the alvine discharges are more liquid, and contain a larger proportion-al amount of biliary matter. The absorb-ents are likewise stimulated to increased activity; accumulated fluids in the serous membranes, as the pleura, peritoneum, and arachnoid being diminished in quan-tity and sometimes disappearing quite rapidly under its use: at the same time glandular swellings and indurations of different kinds are dispersed.

Administered in larger doses, it's sialagogue effect is produced, the symp-toms of which, are tenderness and tumefac-tion of the gums, the mouth gradually becoming sore, and the tongue red and swollen, a coppery taste, and the breath

remarkably fetid. The salivary glands become tender and swollen, and the flow of saliva and mucous is sometimes so abundant as to amount to several pints in the twenty-four hours; and the blood when drawn exhibits the inflammatory crust. If the mercury be further continued these symptoms become still more aggravated: the gums ulcerate, the tongue swells to such an extent as to hang out of the mouth, preventing either eating or speaking, the salivary glands are ulcerated and inflamed, and the flow of saliva is copious and constant, the gums slough, the teeth become loose and drop out, necrosis of the alveolar processes takes place, and if the remedy

be not withdrawn, death ensues.

Therapeutic Application. In almost every form of disease, which human flesh is heir to, Mercury has been not only recommend, but used, used rashly, too often empirically, and without regard to any known or recognized principle of therapeutics; but notwithstanding this, the efficacy of this "potent — but two-edged weapon" in certain classes of disease, is universally acknowledged.

An author writing in the year 1774 says, "There is no temperament, constitution, sex, or period of life, exempt from receiving benefit from Mercury; and I do not know a disease incident to mankind, where it can, with propriety, be deemed

improper, unless used to excess or disproportioned to circumstances". and yet this author declares almost in the same breath, "salivation should be avoided, by every physician who has the welfare of his patient at heart". strange doctrine this now. when it is admitted, "the great value of mercurials is experienced, when they are given as sialagogues". Again it was formerly supposed, "that the beneficial effects of mercury was proportional to the degree of ptyalism. and thus to eradicate particular affections, it was thought necessary to cause the evacuation of a given quantity of saliva". this is known now to be erroneous, and it is not considered at all requisite, to

salivate severely. Barely "touching the mouth, being sufficient evidence, of the full action of the remedy.

In the treatment of inflamation, mercury, ranks next to bloodletting, and it is probable there is no more powerful anti-phlogistic, as it possesses in an eminent degree, "the power of stopping, controlling, and even preventing the exudation of coagulable lymph"; but it is not equally to be relied on, in all inflamations, the membranous tissues being most benefitted by it, especially where there is a tendency to the exudation of lymph, or serous liquid, as in meningitis, pericarditis, pleuritis, or peritonitis. It is useful here, not only because it prevents the process,

of effusion. but causes absorption of the effused lymph.

All the secretions of the body are increased by it, though this is denied by some high authorities, exciting particularly the functions of the liver, salivary glands and bowels; being cathartic and cholagogue, it is frequently resorted to in disordered digestion, and affections of the liver. In such cases it is given in small doses and exerts a decidedly salutary opperation, by its alterative effect, subverting morbid action, without affecting the mouth. The clay colored discharges from the bowels are restored to their natural color, a proof that the liver has been stimulated, and the secretion of bile promoted. "There is no fact

says Doctor Wood "better established in medicine than the influence of the mercurial preparations over the hepatic system". The truth of this seems to be evidenced by the almost specific effect they exert on acute and chronic hepatitis; and indeed mercurials seem to be clearly indicated, in every disease where the liver, from torpor, or congestion, or irritation, refuses to perform its function.

In the treatment of iritis it is the remedy of all others, and the only one on which much reliance can be placed. Doctor Watson says speaking of this disease, "We have three powerful remedies wherewith to combat iritis, bloodletting, mercury and belladonna. If I were restricted to the use of one of these means, I should

choose Mercury" He recommends, calomel and opium, affect the gums speedily as possible, and as soon as this is accomplished "a welcome change becomes apparent".

In Peripneumonia, especially when hepatization has occurred, the very best results are obtained, from its use, bloodletting first, of course.

In Primary syphilis, there is no other remedy known equal to it, and is useful in all cases unless contra indicated by some scrofulous affection, or by extreme debility, with symptoms of hectic fever, or by an ulcer, of the phagedenic kind, ~~or~~ disposed to slough.

This most admirable, and valuable remedy has been used in the different.

forms of fever, particularly the bilious re-
-mittent and yellow fevers, with more or less
success in cholera, dropsy and chronic
diseases of the nervous system. In hemi-
-plegia and paralysis it has been found
very efficacious.

With this, I conclude
this short and very imperfect essay,
fully conscious of its shortcomings; but
cursed by the idea of the impossibility
of a mere Tyro in medicine, doing jus
tice to a subject, that might well demand
the talent and the pen of the ablest medical
writer. Permit me before I take my leave,
Gentlemen. Respected Professors, to offer
you my most sincere acknowledgments,
for the advantages I have derived

while attending your lectures, wishing each one and all of you as much happiness as you yourselves desire. I bid you a final adieu.

An
Inaugural Dissertation
on
Placenta Praevia.
Submitted to the Examination
of the
Provost - Regents & Faculty of Physic
of the
University of Maryland.
for the
Degree of Doctor of Medicine
by
Frank Gale

A. D. 1860

Placenta Praevia

This is one of the most unfortunate accidents, that can ever befall the pregnant female; the high rate of mortality, the almost certain perverse consequences are well known even by the ignorant; it therefore behoves all, who wish or expect such cases to be entrusted to their care, to make themselves, fully and thoroughly acquainted with them, in all of their minute and interesting details - causes - consequences - and treatment; and during the treatment; the undivided attention, the constant vigilance of the accoucher, should be bestowed upon the patient - There is nothing, even in

the eventful life of a physician, that will so harrow up the feelings - so calculated to strike with terror and dismay, as the most common result, of an abnormal implantation of the placenta - there before him his, the wife of an affectionate and devoted husband - the daughter of long and much loved parents - the unborn - unconscious babe - from whom the the "life-blood" is in torrents pushing - and he mere a brute - unworthy the name of man, who feel no compunction, at not being able to offer, from ignorance or neglect, all the assistance that science

has
wrought out, or art has devised.
Let us first investigate, the cause
or causes of Placenta Praevia.
It was thought by the old writers,
that the locality of the placenta,
was decided by the vascularity of
of the Uterus, that it attached itself
to that portion of the wall, which
it found, most richly supplied
with blood; this we know, is not
correct, and for several reasons-
viz. the Uterus is equally vascular
throughout, as far as is known-
and if were true! the ovum after
spontaneous evolution, is not
free to choose its own place
attachment- for by the time it reaches

the Uterus, it (the Uterus) is almost entirely filled, by its more hyperbrophied mucous membrane - the cavity is entirely obliterated; consequently the ovum travels but a short distance beyond the Uterine orifice of that tube, through which it descended, and there becomes embedded as it were, in the folds of the lining membrane - so well established is this - that we have only to ascertain the point of attachment of the placenta, to be enabled to tell (by the corpus luteum) from which ovary the ovule escaped, and entering the corpus luteum, we know where the placenta

is attached - further-more, it is through the medium of the allantois, that the direct vascular communication takes place, between the mother, and the embryo.

The most satisfactory explanation seems to be this - that fecundation does not occur, until several days after ovulation - when the ovule arrives at the uterus, that hypertrophy has not ~~[illegible]~~ had time to be so far advanced, as would be sufficient to prevent the onward progress of the ovule. it therefore arrives at the lower segment, and subsequently becomes fecundated.

Since the days of Ivory, placental precautions, have been spoken of; and considered an almost certain cause of hemorrhage during the latter months of gestation, and particularly during labor. but it was then supposed, that the placenta had been dislodged from its primary seat, and brought down, by the force of gravity.

These accoucheurs knowing that very important modifications were effected at this time in the cervix Uteri. to such modifications. they attributed, the sole cause of the hemorrhage;

but like many other erroneous ideas, this has been handed down from time to time — copy after copy. When, when but a little reflection would have set the matter in its proper light; and it is only within our own day, that this has been done, to the satisfaction of all. That important changes are to be observed in the neck, is true; but that these changes commence above and descend, is not true. The os tincæ is the point to soften, and this is observable during the first two months of gestation; the softening from this point proceeds regularly up.

to the internal os, and does not reach this point, until the last week or two of pregnancy. It was supposed that the changes were from above downwards; and that when the internal os gave way, and the neck becoming a part of the body of the uterus, the placental attachments were broken up and hence the hemorrhage — but the internal os is firm and unyielding as was before said up to the two last weeks — yet we may have hemorrhage, at any time in the last three months — ~~xxxx~~ this will be explained if we look

back to the period, at which the upper two thirds, the lower third and placenta are severally developed.

During the first six months, the upper two thirds of the Uterus are developed, and the lower third during the last three months; consequently at the end of the fifth month, the Uterus is pyriform in shape, but at the end of gestation, the lower third having attained its growth, the form is now changed. it is now ovoidal. ~~the placenta~~ — And it is no less a fact and one abundantly substantiated, that the placenta is developed at the time the upper

two thirds of the uterus are increasing in size - that is during the first six months; with a placenta at the fundus, it is plain, there is no cause for hemorrhage - but place it at the lower segment, or over the cervix, and the case is different, essentially so - for while the placenta has reached maturity, the part to which it is attached has yet to expand to spread out, and as an inevitable result break up the placental adhesions - the cotyledons are more and more widely separated until the vessels are torn across.
Adopting this as the correct explan-

a time, the neck may be left entirely out of consideration, as a cause of these hemorrhages, except at at a short time before, and, during labor. Diagnosis- This may generally be made, without much difficulty- and of the symptoms, hemorrhage is the most important, this may occur at any time during the last three months- it is sudden and without precursory phenomena or first small, but increasing at each recurrence- and if labor has set in the discharge ceases during the intervals, but is renewed with each contraction- which, contrary to what happens with the placenta in its normal seat- this holds good only

as long as the membranes are intact, after this some part of the fœtus may come in contact with and close the vessels, at the time of contraction. Clots of blood might be mistaken for the placenta, but they yield to pressure - The cervix is softer and more spongy - and the placenta if implanted centre for centre will prevent the finger from reaches the interior of the uterus; and if only partially, one margin of the neck will be in its usual condition, while the other will be thickened.

Prognosis - In all cases the prognosis is grave - for we must almost always

expect hemorrhage — there are however, some remarkable cases reported in which not the smallest amount of blood was lost at any time; but the children were all born dead, and the coagulation of the blood, after the death of the child, and plugging up of the vessels will probably account for this. It is serious to the Mother, from the necessity there is generally, for the intervention of art — such interference is also in a still larger number of instances, fatal to the infant; from the interruption to the Utero-placental circulation, death to it by asphyxia being the consequence.

Treatment— We have now come to that part of the subject which is of most importance, and its study will be facilitated, by making certain divisions of it— ~~with~~ hemorrhage is— is we are to combat— and first— when it occurs in the last three months— before labor sets in, and is not profuse, there but little is to be done actively, but there are certain remedies and precautionary measures which are applicable here as in hemorrhage occurring from any other cause— the patient should assume the horizontal position— in a well ventilated apartment— oral drinks administered— should be freed from all

anxieties of mind and body - strainings either at defecation or urination should be obviated, by mild laxatives and the catheter if necessary, opiates to allay disquietude. Bleeding has been recommended, but no good could result - unless there existed plethora, and even then would be a doubtful remedy. With profuse hemorrhage, such as endangers the life of the two babes, more active measures must be resorted to - such as cold applications to the hypogastrium - thighs, loins and external genitals, when the surface is not chilled - if so stimulants - but these will not avail.-

the lives of two beings are at stake-
Something more is to be done- and
Ergot is the remedy named, but this
requires some study- it is said to
be a styptic- it is known to have
the power of increasing the force
of the Uterine contraction, and
may it is thought- in a Uterus, in
a highly irritated condition, give
origin to these- now the stimulating
effect of Ergot, given to a Uterus, pos-
sessing the ordinary contractile force-
would be ~~[illegible]~~ sure to prove dis-
asterous to the child and perhaps,
indeed we think in a majority
of cases to the mother also, for these
reasons, we would not use it, but resort

to the tampon - this will certainly stop the flow, but is obnoxious to the same objections urged against ergot - viz. that of setting up contractions - but here there would be no superadded force. and besides, the discharge of blood - the force exerted by the tampon - the time that would have elapsed before contractions were set up, would cause probably less resistance to be offered by the hitherto contracted parts. No apprehensions need be entertained at this period from internal hemorrhage - the membranes being entire; and the tampon may be used even after the membranes ruptured, but the patient

must be watched momentary by the attendent accoucher.
When labor has fully set in, there are other and more certain modes of affording relief to the sufferer.
With a moderate discharge one which does not seem dangerous to the life of either, by the immediate loss of blood or the subsequent exertions, the same means may be adopted as hitherto spoken of, such as cold applications, cooling beverages, and particularly the camphor.
This may now be used with freedom, awaiting patiently, and allowing nature to take its course.
If the hemorrhage is profuse and the

os. dilated as dilatable. the hand should be put into the form of a cone. using that hand, that the patient's position makes most convenient. this should be passed with gentleness, through the vagina, neck and internal os; the placenta detached from that margin to which it is less firmly adherent. the membranes ruptured. the feet sought for, and the foetus brought down. as soon as the child is delivered, the placenta should be brought away, for until this is done, the patient is not secure from hemorrhage. Ergot given so as to be exerting its physiological effect by the time the

fortus is dilated, will always assist in securing firm contractions. The after treatment should be such as is proper after ordinary labor. Separation of the placenta, when it attached centre for centre, and extrusion through the opening has been prepared. But for several good and incontrovertible reasons, this should not be done. First it is more difficult to peel the placenta, than to detach its margins. Secondly hemorrhage would be certain to follow, and it would be from the partial vessels that the blood would flow; and we know the smallest loss of blood can not be borne by a child

at this age. Thirdly admitting that placenta was perforated, and the hemorrhage was not serious, the child would be extracted with much more difficulty; no prudent accoucheur would attempt it. The lumpers it is undeniable, is applicable only in those cases, where the placenta is attached centre for centre; in other words, where there is no danger of an internal hemorrhage. With partial implantations, as has been said, bursting & rupturing the membranes are to be depended upon; and the latter though objected

to by many, is the one of the two which is to be resorted to in most cases; for by allowing the presenting part to come into contact with the bleeding vessels, they are closed and the labor in many instances will go on as in the normal way; and we also save the mother's system the immense shock, it has to suffer from tearing and the pains from subsequent inertia.

An
Inaugural Dissertation
on the
Climate and Diseases
of the
Eastern Shore
of
Virginia
Submitted to the examination
of the
Provost, Regents and Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
John William Field

The Climate and Diseases of the Eastern Shore of Virginia

The Eastern Shore of Virginia [illegible] the long, low peninsula which lies between the Chesapeake bay and the Atlantic ocean. It is about 84 miles long and from 8 to 10 wide, has an area of about 800 square miles, and contains a population of about 30 000 inhabitants. The surface of the country is undulating, and the soil is moderately

[illegible]. About one [illegible]
[illegible] is [illegible] [illegible]
[illegible] the other side [illegible]
[illegible], is [illegible] [illegible] opposite
[illegible] lines. On each side lie [illegible]
[illegible], small, low, sandy and
almost barren islands, [illegible]
[illegible] and the main land is
extensively intersected
[illegible] numerous streams called
creeks and by larger bodies
often called [illegible], into which
the creeks run. On one side
these creeks and bays communicate with the ocean by narrow
[illegible] [illegible] in [illegible], and
on the other side [illegible] with

The [illegible] of the [illegible]. [illegible]
in the [illegible]
[illegible]
or [illegible] in the interior [illegible]
[illegible]
[illegible]
granules similar to the [illegible].
But the [illegible] most of
these [illegible]
[illegible] in the [illegible]
[illegible] ends, [illegible]
elongated middle.
[illegible]
[illegible]
[illegible] in the [illegible]
[illegible] in the [illegible]
[illegible]

and outhouses grow numerous productions of the vegitable kingdom.

These marshes are overflowed several times during the year, and the ponds drained of their water by the mills are left almost entirely dry during the summer and first of the fall. Thus the organic matters which they produce are exposed to the decomposing influence of the heat of the sun and the moisture of dews and occasional rains. And in the latter part of summer and the first of autumn when the rains set in

[illegible] heat [illegible] to
moist and moisture. [illegible]
and heavy [illegible]
seemed slowly rising [illegible] them.

[illegible] The [illegible]
having passed the mills and
commenced [illegible]
creeks and bays, meets the [illegible]
water and thus produces [illegible]
[illegible]. [illegible]
The Practice of Medicine, [illegible]
[illegible] of fresh and salt water is [illegible]
[illegible] injurious.

We have here then all
[illegible] for the production of
[illegible] [illegible] level country.

[illegible]

sion when generated, and disseminating itself it produces in [illegible]teristic effects, as is evident to any one in the fevers which so extensively prevail here in the summer and fall.

In relation to Miasmata it is an interesting circumstance that large bodies of water are supposed to absorb and retain it, it seeming to have an affinity for water. The great extent of water surrounding this section of country may in a measure check or [illegible] the [illegible] influence which under more favor-

able circumstances it might exist. Salt marshes are supposed to be less unwholesome than fresh. This may be because the tides by which the salt water marshes are overflowed, carry off the results of the vegetable decomposition; while those of fresh water marshes are absorbed by the stagnant water and rise from its surface with the fogs and exhalations. Winds also seem to have a great influence upon the Miasmatic exhalations; and it is hardly to be questioned that the storms which frequently occur here

prove useful [illegible]
[illegible] in a concentrated [illegible]
enveloped in [illegible] clouds.
[illegible] prove useful by [illegible]
the course of a miasmatic wind,
or by absorbing the Miasma which
is supposed to contribute [illegible]
nourishment of the [illegible]
kingdom. Thus the [illegible]
[illegible] contribute to the [illegible]
of the country. [illegible]
[illegible] operations
[illegible] Transport [illegible]
[illegible] to [illegible]
[illegible]

[illegible]

These modifying circumstances [illegible] beneficial influence on the healthfulness of the country, and render habitable at all seasons of the year what would [illegible] under these circumstances be an uninhabitable region at particular seasons.

But notwithstanding these modifying circumstances [illegible] sufficient Malaria is generated to be efficient for the production of diseases, as is [illegible] diseases which, [illegible] in summer and [illegible], [illegible]

[illegible]

[illegible]

[illegible]

[illegible] in winter [illegible] to violent storms called "North Easters". These sometimes last for several days, are [illegible] depressing, and render the atmosphere cloudy, dismal and disagreeable.

The winters are very variable. Sometimes [illegible] cold and [illegible] the

prevalent, periods of disagreeable wea-
ther, lowering weather, and some-
times they are rather decidedly un-
pleasant.

The spring is generally pleas-
ant, and the most delightful sea-
son of the year. During this pe-
riod, excepting early the [illegible]-
[illegible] of it, it is very healthful.

The summer season is moder-
ately warm and pleasant.
It is likewise subject to varia-
tions of temperature, but is nev-
er excessively hot. The cool
sea-breezes which come from
off the sea during the day coun-
teract the heat of a summer's sun.

it is apt to counteract [illegible] its
course in the opposite direction
which it possesses in order the Tem-
perature, and to maintain
the strength heretofore attended
with the formation of dew.

Between the temperature of
the first of Autumn and that
of the latter part of summer
there is not much difference
[illegible] being attended with
cooler nights. By the first of
Autumn vegetables and their leaves
mostly begin to decay — their
decay hastened in a great meas-
ure by the drouths of summer.
The warm rains of Autumn and

[illegible] the [illegible]
[illegible] respecting the [illegible]
[illegible] of the [illegible]
[illegible] to the diseases of
which it is [illegible]. It is
claiming the [illegible] of [illegible]
the [illegible] of [illegible] that this
section of country is most un-
healthy — intermittent and re-
mittent fevers being now very
prevalent. The occurrence of
frosts [illegible] the [illegible] of [illegible]
[illegible] are anxiously
looked for, hoping to the
coming of these miasmatic fevers.

Upon consideration [illegible]
[illegible] [illegible] [illegible] it will

[illegible] that the diseases of the [illegible] are in [illegible] and the beginning of autumn and [illegible] region.

The intermittent fever is most common, in which the Indian is the most exposed [illegible]. It is not a serious disease and is generally easily managed. But sometimes obstinate cases are met with which for a long time and sometimes almost until baffle the efforts of the physician. It sometimes assumes a chronic form, thus giving evidence of its occasional obstinacy.

Billious remittent fever is

also very prevalent and is usually a more serious disease than intermittent fever. Its type is most commonly quotidian. It varies much as to its severity, modifications and variations. It does not often, however, terminate generally yields promptly to remedies.

Both intermittent fever and bilious remittent are subject to great variations. Sometimes they assume a malignant form, at others they are sthenic or asthenic, and sometimes they are attended with a typhoid state of the system. With them

[illegible] ... of the [illegible] tion of the stomach, [illegible] affections. [illegible] ... ever assumes a malignant char-acter, or occurs in those whose systems are already debilitated, it requires prompt and skill-ful treatment. Between these two diseases it is sometimes, though rarely, difficult to diagnosticate, approaching each other so closely that it is difficult to decide whether a particular case is one of in-termittent fever or remittent.

Malaria is also thought to produce diarrhoea, dysentery, [illegible] and various hepatic and gastric derangements. Cases of diarrhoea, dysentery and [illegible] are necessarily numerous in summer, particularly in children, but are hardly considered as being produced exclusively by malaria, they are further caused by biliary derangement in consequence of heat, together with intestinal irritation caused by eating fruits and berries which are plentiful here during summer.

They sometimes assume a malignant character and when occurring in debilitated persons, call for prompt and vigorous treatment. As a general thing they are not very serious and are easily managed, but they sometimes prove fatal notwithstanding the most skillful treatment.

Though suffering from no well marked disease, the inhabitants have about them in abundance and undoubted evidences of fatal heat in their sallow complexions and emaciated systems.

In winter owing to the sudden changes of temperature and to the protracted periods of severe cold weather catarrhs are prevalent. Bronchitis, Pleurisy and Pneumonia are at this season of the year often met with. Bronchitis and Pleurisy are generally slight disorders, unless they occur in persons of previously debilitated systems, when they are much more formidable. They usually yield promptly to remedies.

Pneumonia most commonly occurs here in early winter, and is very often of a

typhoid character. It mostly occurs to those whose constitutions are enfeebled by the depressing influence of the fall season, and hence is here a serious disease. When such persons are attacked with it, it becomes a matter of serious concern, and calls for the most prompt interference and the skillful use of remedies. It often proves fatal in spite of the most skillful measures employed to combat it.

The diseases we have mentioned are those most frequently met with here. The

fevers prevail during summer and autumn, and thoracic diseases during winter.

Consumption is not so often met with as at first sight would seem probable, judging from the situation of the country and its vicissitudes of weather. Perhaps the miasmatic fevers and the exhalations from the pine forests act, as has been supposed, as preventives and give to the inhabitants of this region of country a comparative exemption from this most fearful and destructive malady.

Other diseases not particularly depending on the situation of a country or on its climate sometimes occur here as elsewhere, but those to which we have called attention are of most frequent occurrence.

A.

Inaugural Dissertation
On Yellow Fever.
Submitted to the Examination
of the
Provost, Regents, and Faculty
of Physic,
of the
University of Maryland,
For the
Degree of Doctor of Medicine.
By
Henry Morris Jones,
of Maryland.

A.D. 1860

To

Samuel Chew M. D.
Professor of the Principles
And Practice of Medicine,
In the University of Maryland.
This thesis is Respectfully dedicated.
By his pupil,
And sincere friend
Henry M. Jones.

Yellow Fever.

Yellow fever is a peculiar disease which bears a close affinity in some of its symptoms to the febrile diseases of a knowledged miasmatic origin, but it differs from these, as well as from all other fevers in many striking features. It receives its name from the peculiar hue of the surface of the body during its continuance. It seems to be a disease peculiar to itself; "a specific fever." It seems to prevail only in limited districts, & at certain seasons of the year. Dr. Wood gives 79° or 80° Fahrenheit as the required temperature necessary for its production: but though it is a disease of hot climates & hot seasons, yet to wet as well as to low a degree of heat appears to be alike inimical to its production. It also has its geographical boundaries, seldom appearing north of 40° or south of 25°. Its longitudinal range

seems to be more extensive, comprising nearly 180°. But the West Indian Islands & part of the coast of North & South America seem to constitute its proper soil. It is here that its most fearful ravages are committed: whilst we find the Eastern portion of the Eastern Hemisphere & the Islands of the Indian & Pacific oceans to be entirely exempt from it: Why this should be, has not been clearly accounted for, unless it be owing, as some suppose, "to the greater distance from, & less mercantile communications with the places of its production." but this would seem to imply that it is contagious. Yet we have the authority of Experienced physicians that it is not contagious. Then why is it that one portion of the globe only is so peculiarly affected? Various theories have been advanced, but the truth is not known.

But whatever the special cause of it may be, it appears to be aided, in many instances, in the localities where it does exist

"by a kind of epidemic influence, which prevails sometimes in a greater or less degree for years together, & sometimes only at long & irregular intervals."
Some suppose the cause to be a peculiar "Miasm," yet distinct from that which produces bilious fever, but resembling it by being the product of the decomposition of organic substances." Now March miasm is thought to be the product of vegetable putrefaction, and if that alone is capable of producing bilious fever, why is it, that it is not generated every where these conditions exist?
There must be some other condition or ingredient necessary to produce these "poisonous effluvia," And it would seem that animal matter was one of the essential properties, since it is generated, or is effective only in those situations where animal excrement is mingled with vegetable matter in decay, as in large cities, towns, &c, especially in places where

human beings congregate. Those in favor of the supposition that March, miasm is the cause, produce the facts, that as in ordinary remittents & intermittents, the cause is most energetic in the night, or in the evening & morning, while the ground & adjoining water are covered with fog. that it seldom in temperate climates begins to exert its influence before the season when dew forms at night, and that it gradually diffuses itself ~~from~~ in all direction, from some central spot. But I have already said that March, miasm alone cannot be the cause.

Condie is inclined to think, that it is some local cause, operating upon the heat, moisture & perhaps other conditions of the atmosphere, the exact character & influence of which have not been as yet fully observed, of general or specific poison, by which an infection of the surrounding atmosphere is produced, which atmosphere, when taken into the system — particularly in one

especially predisposed to its morbific influence — the poison it contains enters the blood, & is by it distributed throughout the body; thus impairing the vital properties of the blood, & producing a morbid impression on the nervous centres; so as to derange the functions, & produce the morbid conditions which manifest in the several organs & tissues of the body.

Dr. La Roche says, "The disease is may be regarded as one of low, flat, level localities, & as appertaining more especially to hot latitudes." He also says, that, "The inability of yellow fever to be generated at a high elevation above the level of the sea, depends in part on the greater elasticity ~~of the~~ & purity of the air, and diminution of atmospheric pressure, & on a more thorough ventilation. But the main cause is thought to be in the absence there of ~~all~~ the degree of atmospheric heat, which as we have seen, is indispensable necessary for the elaboration of the morbific agent.

Some contend that the causes of yellow & bilious fevers are identical, because both diseases prevail in hot climates. But bilious fever occurs abundantly, and even malignantly, in many situations, where yellow fever is never seen. Yellow fever is almost always confined to a dense population, while the causes of bilious fever appears to be neutralized by the atmosphere of cities. It is true that yellow & bilious fever are apt to prevail at the same time, the former in the cities, the latter in the country: Though this is not always the case.

Acclimated persons are less liable to both diseases than strangers, yet this difference of susceptibility is infinitely greater in the yellow than the bilious fever! The former seldom attacks an adult native in places where it is endemic, however fatally it rages among strangers, while no portion of the population is entirely exempt from the latter.

An autumnal attack of bilious fever,

so far from giving future exemption, is well known to dispose to a second attack in the following spring. The case is exactly the same with yellow fever.

Dr Wood thinks it very possible that the causes of yellow & intermittent, are modifications, compounds, & thus produce modified cases. He says, "Patients may be attacked with yellow fever, while laboring under a remittent or intermittent, which will thus assume the character of the former, or a predisposition to intermittent may exist, which will show itself after the cessation of the more violent disease."

But let us look into that mooted question, as to whether it is contagious or not?

Physicians who have had the most experience in the disease deny the fact of its being contagious, and so it would seem, as in hospitals situated in healthy localities, though crowded with yellow fever patients, the disease is not imparted to the nurses & other attendants.

From vessels arriving in healthy ports with

yellow fever on board patients are often landed & in some cases often carried a considerable distance through streets, without propagating the disease. Hundreds of instances occur in extensive epidemics, in which patients originally sick ~~with the~~ in health are scattered through the surrounding country; and yet the instances are very rare, in which it is even pretended that the disease is thus communicated. Attempts have been made to propagate the disease by inoculation with the blood & secretions of those affected, but without success: and even the black-vomit has been swallowed with impunity. And the argument drawn from the exemption afforded by one attack is only analogical.

Anatomical Character. It is unnecessary to give in detail an account of the changes observed after death in all the organs. As in other febrile diseases, signs of congestion & inflammation are occasionally discovered in various parts of the body: The membranes of the brain are often

injected, & serum effused into the pericardium. The lungs sometimes show signs of sanguineous congestion, & inflammation are occasionally found in the kidneys & bladder. The liver is variously affected, being sometimes engorged with blood, sometimes dry, anemic, & of a yellow color, rarely inflamed. The chief force of the disease seems to fall on the alimentary canal, especially the stomach. The stomach generally contains more or less of the black vomit. Occasionally it contains blood in different stages of alteration. The blood drawn during the progress of the disease is almost always coagulable.

Symptoms. I will now proceed to give an account of some of the chief symptoms which occur during the progress of the disease.

In the arrangement of this treatise, I have deviated from the course usually followed by writers, preferring to give the symptoms, & then the treatment first, as the most natural arrangement.

Yellow fever presents a great diversity of phenomena. To describe minutely all its various stages, would be to go beyond the limits to which I have restricted myself. Nor would it be possible for me to do so, even with the assistance of the authors to whom I am so much indebted for all the ideas, & many of the words I have used.
Like most other diseases, especially fevers, it has been divided into various forms & stages; and it would seem natural to divide all cases into, the <u>inflammatory</u>, or those characterized by well marked reaction; and the <u>congestive</u>, in which reaction is but faint, or is entirely absent.
These divisions have been again subdivided, 1st into the mild, the violent, & the intense: 2nd into the slight, the aggravated, & the apoplectic. 3d When an attack of yellow fever is setting in, it is sometimes preceded by the usual preliminary symptoms of ordinary fevers: vertigo, a sense of lassitude, & fatigue; an uneasy sensation in the

joint & limbs, with slight pain in them and giddiness; pain in the back, chilliness &c. The patient is apt to be affected with debility, & depression of spirits & there is a vague uneasiness, or general feeling of discomfort.

But the attack quite as frequently comes on abruptly, in the midst of ordinary health; occurring most frequently, it is said, in the night. There is usually some chilliness at the commencement, though seldom amounting to rigors, but this symptom is often wanting. Among the most characteristic symptoms of the first stage, are severe pains in the back & limbs; general uneasiness, restlessness, pain in the head; with dull & watery, or brilliant, yellow or red eyes &c. After febrile action has become fully developed, the skin is hot & dry; the pulse frequent & tense, though sometimes soft. The face is either highly flushed or pale or purplish, the eyes red & watery. The tongue is usually moist & covered with white fur and the throat occasionally sore.

2. Blue mass, a specific repelling irritation that shows itself in the flush of the face, which (he says) "is characteristic of yellow fever. This suffusion", says he, "generally occupies a zone over the eyes & about an inch above & below them".

Nausea or other uneasiness of the stomach, with or without vomiting very often attends the disease from the commencement, though usually the gastric symptoms are not fully developed until after the lapse of some time, perhaps from twelve to twenty four hours, then they become more prominent.

The patient complains of a burning pain, or a feeling of weight & tension in the epigastrium, pressure generally produces severe pain; & the stomach is exceedingly irritable, often rejecting even thing that is swallowed, & throwing up its own morbid contents. The act of vomiting is very violent, with retching, & much distress from the great tenderness of the stomach. There is a great desire for cool drinks, & ice held in the mouth, & slowly swallowed.

is usually very grateful. The bowels are generally costive, & often obstinately so. But the patient seems to suffer most from the nervous symptoms; the head-ache is often exceedingly violent; the pains in the back & limbs are sometimes insufferably severe. The mind is usually very much disturbed; the patient being apprehensive, anxious & very restless. Delirium is not uncommon, & sometimes there is more or less stupor. "The febrile symptoms continue" says Dr Hall, with little or no remission, for a period varying from a few hours to three days, & sometimes even longer. The duration being shorter in the more violent cases, & longer in the mild. The fever subsides, after having run its course, and to all appearance the patient is a great-deal better. All the violent symptoms abate, or entirely disappear. But this ~~in~~ delusive calm is only temporary, the great struggle is yet to come. Sometimes, it is true, convalescence dates from the subsidence of the fever, but this is not often the case.

The disease now seems to be gathering strength for the ~~last~~ final struggle. The remission is succeeded by other phenomena of a more formidable character. Though during this temporary calm, there are symptoms which show the existence of undiminished danger. The tenderness of the epigastrium upon pressure, is found to be even greater than before. The redness of the conjunctiva, & the flushing of the face changes to a yellowish or orange color, which gradually spreads itself over the face, neck & chest, & finally in greater or less degree over the whole body. The urine has a yellow tinge. The pulse is even slower than in health.

But now a change comes. The last battle is to be fought. The pulse becomes quick, irregular, & feeble; the skin yellow, or of a bronzed color; the blood appears often to be nearly stagnant in the capillaries. The fingers, toes, scrotum, & back become of a dark or purplish hue. The tongue is often brown

and ulcerated in the center, or smooth, red & chapped. The stomach resumes its former irritability; every thing swallowed is thrown up again, and a new matter is ejected, consisting of brown or blackish flakes or particles, diffused in a colorless liquid. "At this stage of the disease, hemorrhages sometimes takes place from various parts of the body, especially from the mucous membranes." It is sometimes vomited, or discharged by stool, or with the urine.

The irritability & extreme ~~un~~ distress of the febrile stage are now generally replaced by an extraordinary apathy: and the countenance expresses a quiet resignation, or gloomy indifference. The pulse at length almost ceases, the respiration slow, sighing, & occasionally interrupted with hiccough; the skin falls cold and clammy. Low delirium sets in; the eyes become sunken, and death takes place, often quietly, but sometimes in convulsions.

But, says Dr. Ford, "instead of pursuing this fatal course, the system often reacts after the period of abatement, & a secondary fever sets in, which may be of various grades of violence, but may always be regarded as a sign that the vital energies are not yet exhausted." The febrile affection continues a variable length of time, terminating in a return to health, or in death, or in a typhoid form.

When convalescence from severe cases takes place, it is commonly tedious, in consequence of the amount of repair which is necessary to restore the dilapidated organs.

~~Case convalescence~~

I will now relate the history of one case which occurred in the Baltimore Infirmary during the past summer. On the 22nd of August, a boy, age 18, was admitted into the Infirmary. Sick, as it was said, at that time, eight days, with bilious fever. On being questioned, he said that he was taken with headache, giddiness,

and dimness of vision; he also had excruciating pains in the back; and a wandering pain over his whole body. Two days after he was taken, he was seized with vomiting, & bleeding from the nose. When admitted he presented the following symptoms: pulse 86, soft, slow & compressible, bowels constipated; tongue red at the tip, and covered with a short white fur; skin yellow, eyes also yellow & suffused; urine scanty & high colored. He also had extreme tenderness, upon pressure, over the epigastrium. Prof. Frick, the attending physician, ordered for him the following

℞. Ferri Muriat. Tinct. gtts xx. every 2 hours, wine & beef-tea "ad libitum". The patient continued in ~~the~~ very much the same condition, as when admitted, till the 26th when he vomited up the black matter, characteristic of yellow fever. His pulse was 52, & dicrotic. Then he was put upon the following prescription. Ol. Terebinth, gtts v. in emulsion, every 2 hours; to begin with the iron,

On the 27th the above medicine was stopped and he was ordered two grains of the Sulphate of Quinia, every 2 hours; under this, the patient gradually improved, till the 4th night, when the quinine was stopped; & he was given, Cinchona Comp. Tinct. ℥i three times a day. On the 9th the patient was perfectly convalescent; & all medicine was stopped. Twenty-four hours after the black matter was ejected, a portion was placed under the microscope, which revealed blood discs, epithelium cells, fat globules & torula. The matter had been exposed to the atmosphere, & fermentation had taken place. In regard to the black matter which is such a striking symptom of yellow fever, Physicians were long indeed as to what it was, and the question, I believe is still a moot one; though at present it is believed to be blood somewhat altered, either by a feeble secretory action of the membrane, or by the acid which exists in the stomach.

Dr. Stood is inclined to the opinion, "that the blood undergoes some modification, either in the capillary vessels, or in its exit from them through the epithelium."

Treatment. I will now give a short history of what authors consider the best treatment. For as yet no specific remedy has been found, so we find men of eminence who agree upon the same plan, each recommending a different course, as having been, in their experience, the most successful. All perhaps, are right; since yellow fever is known to assume different modifications, in different localities, at different periods. Many cases get well under any treatment, unless positively injurious; with others, again, the very best treatment is of no avail.

Dr. La Roche says, "in encountering this formidable disease we must content ourselves with endeavoring, not to neutralize the poison circulating in the system, but correct the morbid effects it

occasions on both solids & fluids. We must, while watching carefully the course of the disease, prevent undue mischief from being done, especially to organs essential to life. We must keep these organs in as healthy condition as possible, and sustain the powers of life when these threaten to become impaired, or are already reduced beyond the point of safety.

According to Dr. Flood, when very early in the disease, while there is yet no gastric irritability, & no tenderness of the epigastrium, it may be proper to give an emetic of ipecacuanha, since the slight & temporary irritation of the emetic will be much less than that occasioned by the continued presence of undigested food, or acrid secretions. We seldom see a case in which bleeding is necessary, for it is applicable only in the earliest stage. The constipation of the bowels calls for a cathartic, and with the inactivity of the liver, a mercurial cathartic is indicated.

From ten to twenty grains of calomel should be given at once, followed in the course of a few hours by sulphate of magnesia, or other saline cathartic; or castor oil, where it agrees better with the patient's stomach. If the constipation is obstinate, we may use the infusion of senna with Epsom, Glauber's, or Rochelle salts. Should the stomach be too irritable to retain any of these cathartics, purgative enemata should be substituted. The intestinal canal should be kept open throughout the disease. Rhubarb & magnesia are adapted to the advanced stages. After the purgative dose, calomel should be repeated in small doses at short intervals, with the view of producing salivation, since experience has shown that patients generally recover if salivation can be effected in the early stage. But it is often difficult, & often quite impossible to bring about this result. The use of mercury should not be stopped as soon as the gums are touched. When the skin is hot, cold sponging, or the

effusion of cold water over the surface of the body, is very refreshing, & is very necessary as a febrifuge, & for composing restlessness. We should not neglect to bestow careful attention to the head & stomach; for pain in the former, leeches or cups may be applied to the head or neck, towels wet with cold water, or bladders filled with pounded ice should be placed on the head. When the stomach is affected, local venesection, blisters; & both external & internal refrigerents are proper, such as, the effervescing draught, cold carbonic acid water, or small portions of ice slowly swallowed.

When the fever begins to decline, & the second stage commences, febrifuge & depleting remedies should be discontinued; we should then endeavor to counteract the inflammation of the stomach, & support the strength of the patient, for the first, the acetate of lead is thought to be the best, one or two grains should be given every hour or two, until thirty or forty grains have been taken.

Morphia & the oil of turpentine may also be given. The strength should be supported by mild nutriment, farinaceous drinks, & weak animal broths, lime water & milk. Should the patient show signs of sinking, tonics & stimulants are necessary, such as, Sulphate of quinia, the mineral acids, wine whey, carbonate of ammonia, wine, brandy &c. opium should be used with them. Quinine is given in doses from five to ten grains every two or three hours. The mineral tincture of iron has also been given of late, with marked benefit. But through out the treatment, due attention should be paid to the thorough ventilation of the apartment, and to the preservation of perfect cleanliness, by frequent change of linen, & bed clothes; and the immediate removal of all excrementious matter.

With this, I close my imperfect treatise on Yellow fever. Yet imperfect as I know it will be found, I hesitate not to throw myself upon the generosity of those, who will kindly overlook all imperfections, and encourage the honest endeavors of an ambitious Student.

A

Clinical Report.

Submitted to the Examination

of the

Provost, Regents & Faculty of Physic,

of the

University of Maryland.

for the

Degree of Doctor of Medicine.

by

James J. Beckenbaugh.

of

A. D. 1860 Maryland.

Introductory

The acquisition of Medical Knowledge, or the art of preventing and curing diseas, is attended with difficulties of the ordinary character; and the aspirant for medical honors, or at least he who would attain eminence in the profession of his choice, will find his capacity as well as his patience and industry, taxed to their utmost, in the effort to secure success.

The operations of Animal life are so various, so diversified and so wonderful, that the Student of Nature who has never more than looked upon the external of the machinery by which these operations are performed, is at once impressed with the great truth that we "are fearfully and wonderfully made", and that a machine so complex in its nature as the human

organization, must be exceedingly liable to have the harmony of its operations disturbed by the action of external causes. And this we find to be the case. Subjected as the human system constantly is, to the action of extraneous and antagonistic forces calculated to derange its delicate organization and produce consequent aberration of its functions, it becomes the duty of the Physician to study, with untiring assiduity, the laws of Nature, in order that he may be enabled to prevent the injurious effects of these disturbing causes, or, to counteract them by proper means, if already produced.

To prepare him for these beneficent offices, he must first acquire an intimate knowledge of the human organization. - This knowledge he cannot acquire from books and oral

instructions alone. With these as adjuncts, he must, for himself, examine the location and structure of the various organs and textures that compose the animal body, observe the relations of each to the others and learn the duties assigned to each in the economy of life. Having thus acquired an accurate knowledge of the structure and functions of the human frame, the most difficult task presents itself, of learning the nature of the influences that interrupt the harmony of its action, and lead to derangements of function or lesions of structure.

This requires that the mind shall have been previously trained to an observance of the relations subsisting between causes and the effects they produce.

In the operations of the natural world we can observe these relations and ascertain with great accuracy the effects invariably produced by certain causes. Thus, as daylight always accompanies the appearance of the Sun, and darkness as invariably succeeds its dis-appearance, we are convinced that the presence of the Sun is the <u>cause</u> of light, as its absence is the cause of darkness. Again - As increase growth of vegetation is constantly observed to follow warm summer showers, we have no difficulty in assigning the increased growth to heat and moisture, as the causes which produce it. But in investigating the causes of disease in the human system the same facilities for accurate observation is not enjoyed.

The great number of organs and textures composing the organism, the diversity of their functions and the variety of morbid changes to which they are liable, render it, frequently, a matter of extreme difficulty to establish the precise relation subsisting between a supposed cause of disease and the effects we witness.

The same cause will frequently produce various modifications of morbid action, or indeed, entirely different diseases in different persons who may have been subjected to its operation, whilst others who may have been equally exposed, escape without any perceptible derangement of health. Thus. Of several persons exposed to the exhalations from decaying vegetable matter, one will speedily be attacked with intermittent fever, another with a mild

remittent, a third with pneumonia in its most intense form, proving rapidly destructive to life, whilst a fourth will manifest no appreciable deviation from health, until an additional cause of disease be superadded, such as exposure to a shower of rain, or some violent emotion of the mind, as grief, fear, anger &c. But again — Cold and moisture are known to be prolific causes of disease — Set of several persons exposed to these causes, one will be attacked with Rheumatism, another with Pleurisy or Pneumonia and a third with Encepha-litis; all of these diseases attended with a high grade of arterial reaction, a hot skin and the vital forces seem exalted to the greatest degree of intensity; whilst others, exposed to the same causes, will suffer from congestions

of various organs, attended with cool skin, feeble pulse and great depression of the vital powers.

Why the same causes should produce in different individuals, effects apparently so diverse, it is difficult to explain. To obviate this difficulty it has sometimes been referred to predisposition, or difference in degrees of susceptibility &c. Then the matter susceptible of demonstration it might, perhaps, be found to consist in differences of organization, and in the various degrees of intensity in which the vis vitae or conservative powers of the system is found to exist.

It is not only necessary, however, to endeavor to ascertain, as accurately as possible the causes of disease, but it is all important to determine its precise nature and location - otherwise, the practitioner will find all his efforts for its

removal inefficient, perhaps injurious. And to determine these points is, frequently, a source of no little difficulty and perplexity. So intimate are the relations which exist between the various organs, that if one be attacked by disease, the harmonious action of the system is interrupted, and all sympathize in a greater or lesser degree with the suffering organ. Indeed, in many cases, the most prominent and pressing symptoms are found in locations remote from the actual seat of disease. In order then to avoid being deceived into errors of diagnosis, we must carefully examine into the condition of all the organs, calling to our aid all the resources which modern science has placed within our reach, including a knowledge of the physical signs of disease &c.

To a proper knowledge of this department of

medicine, clinical instruction is all important, indeed, absolutely essential. Through its agency, the student is brought face to face with disease - becomes familiar with its diversified phenomena, learns to recognize the signs, by which its nature and seat are determined, and acquires a knowledge of the therapeutic agencies by which its removal is effected. Without it, he is like the mariner at sea without chart or compass, uncertain which course to pursue, or what means to use in order to reach the desired port in safety.

Impressed with the great importance of a thorough course of clinical instruction, the writer of this has devoted much of his time and attention to this mode of acquiring medical knowledge, which he trusts has not been spent unprofitably.

As an evidence of his high appreciation of this mode of instruction, he respectfully submits the annexed Clinical Reports for the consideration of the Faculty, trusting they may furnish satisfactory evidence of his progress in acquiring a practical knowledge of diseases and their treatment.

A Case of Pneumonia

Benjamin Phillips, aet 18, a native of Baltimore, by occupation drayman, was admitted to the Infirmary November 13th 1859 under Dr Chew's care. He was a small spare man, of steady industrious habits. He stated that on the 12th of November, whilst engaged transporting merchandise to the wharf, he was exposed to a heavy shower of rain, which wetted him to the skin; and that he neglected to change his clothing. The next morning he awoke with a severe cough, which distressed him a good deal; but he still continued to discharge his duties as drayman. But on Sunday night, after returning from church, he was attacked with a chill, followed by fever; - accompanied with severe pain in his left side, and back part of his chest; great difficulty of breathing, and cough. These symptoms increasing much in severity, on Wednesday,

he was sent to the Infirmary. Up to the time of his entrance, he had taken no medicine, except castor-oil in purgative doses. At the time of his admission he presented the following symptoms. Pulse moderately full, irregular, and 136 in the minute, respirations hurried, accompanied with considerable pain and distress, and 38 in the minute.

He had cough, with the characteristic tenaceous rusty colored sputa. Fever in the highest degree intense.— Tongue coated with thick white fur, and red at the tip and edges. Skin hot, & dry. Urine scanty and high colored. Of the physical signs, percussion elicited dulness over the left side posteriorly; and over the lower portion (of which?) anteriorly. Auscultation revealed bronchial breathing, and bronchophony. On the right side hurried rhonchi were heard, evidencing bronchial inflammation.

His position on lying in bed, was midway between the right side, and the back, with the knees drawn up; head and shoulders elevated. Six cups were applied to the posterior surface of the affected side, abstracting about eight ounces of blood. He was then ordered the following prescription. ℞.

Potass Bi-Carb ℥ ii

Antim et Pot. Tart grs iij

Syp Simple

Aquae Cinnamomi aa ℥ ss

Aquae ℥ v

Ft. S. Table-spoonful every 2 hours.

Also

Hydrarg Sub Mur. grs + ii

Pulv Opii grs iss

Pulv Ipecac grs iii

No. 2. ℞. pil. vj. S. one every 2 hrs, alternating with the solutions. 24th. – There has been very little, if any change in his condition since yesterday. 25th. He was delirious the greater part of last night. The sputa have acquired greater viscidity, and are redder. Pulse frequent and weak. An examination revealed crepitant rale on the right side over the whole extent of the lower lobe of the lung; and on the left side below the clavicle, as well as below, and above the spine of the scapula, showing extension of the disease. The position of the heart was normal: its sounds healthy, but the precordial dulness was somewhat increased. The antimony producing purging, it was reduced to the eighth of a grain at a dose. The following prescription was ordered.

℞ Vinum Cretae ℔ss.

Mr Catechu ℥ss. M. S.

Labia moistened after each Operation.

November 26th. The Patient is worse than at my last report; he lies on his back, and continually sinks down to the foot of the bed. The prostration is gradually increasing: he was very delirious last night. The Antimony was discontinued, and the following directed as a stimulating expectorant. ℞

Rad Senegae

Fol Eupatorii aa ℥ss.

Aquae Bull Oj

M. Pt. Infus. S. Wineglass-full every 2 hours.

27th. To-day he is very much prostrated, and it is evident that he is rapidly sinking.

The breathing is more embarrassed.

Pulse very frequent and small, without much heat of skin. The sputa not so abundant, and expectorated with difficulty. Extreme oppression; alae nasi widely dilated. There is also restlessness with a tendency to coma. He was ordered.

℞ Ammon Carb ℥ ss

Syr Simplex

Aq Cinnamomi aa ℥ ss.

Aquae ℥ v

M. S. table-spoonful every 2 hrs; also lime-water freely. A large blister was placed over the left side. The prostration gradually increased until 10 o'clock P. M. when he expired in a state of asphyxia

Autopsy one hour after death.

Red hepatization of the entire left lung, and of the two lower lobes of the right lung.

Some recent pleuritic adhesions at the apex of the left lung.

The right cavities of the heart, very much distended with black coagulated blood.

A Case of Pneumonia

William Murry, twenty eight years of age, a native of New York, by occupation a Seaman, was admitted to the Baltimore Infirmary December 13th, 1859, under the care of Dr. Chew.

He was of moderate stature, spare habit, dark complection, and rather temperate in his habits.

Was taken with a severe cough on the 6th of December, whilst on a voyage from New Bedford to Baltimore. He stated that on the evening of the day previous ~~day~~, after being employed all the day at his usual work, he felt fatigued and perspired freely, - and whilst in that condition he imprudently exposed himself to the cold & damp night air, without being sufficiently protected by proper clothing. The cough continued unabated until Sunday night the 11th of December, when he was seized with a severe rigor, followed by

fever, and pain in his right side.

The symptoms growing worse, on Tuesday morning he entered the Infirmary. He presented at the time of his admission the following symptoms.

He had cough, pain in his right side, sputa very much reddened and semi-transparent.

They contain more blood than that of ordinary pneumonia; rendering them of a light scarlet hue. His complexion was dark, and ruddy, with circumscribed redness on the cheeks.

His respirations were hurried and 40 in the minute. Pulse rapid and weak, and 98 in the minute. – The tongue was coated with a thick white ~~white~~ fur. – Thirst urgent, with loss of appetite. Bowels constipated. He was greatly depressed, lying principally on his back. Of the physical signs, percussion

elicited dulness over the whole of the posterior surface of the right lung. Auscultation revealed absence of the vesicular murmur, from the apex to the base of the lung posteriorly; bronchial respiration, and broncophony. No vocal tremor on the affected side. The symptoms plainly indicated that the disease had advanced to the second stage; and that the lung was in a state of red-hepatization posteriorly from apex to base. He was ordered the following prescription. ℞

Potass Bi-Carb	℥ ii
Antim et Pot. Tart.	grs. iij
Syr Tolu	℥ ½
Gum Acacia	℥ i
Aquae	℥ iv

Ft. S. A dessert spoonful every 2 hours.

increased to a Tabl-Spoonful if tolerated by the stomach. Also ℞.

Hydrarg Sub Mur grs v III
Pulv Opii grs ij
Pulv Myrrhae grs iv

Ft. d. pt pil viii. S. One every 2 hours, alternated with the solution.

Infus. Lini. Comp. S. As a drink during the day. Also low diet, and strict quietude in the recumbent posture.

December 14th, Patient rested tolerably well last night. Pulse feeble, but weak, and 108 in the minute; respirations hurried and 48 in the minute. Pain more severe.

In other respects he is much as yesterday. Dr. Cohen, thought a portion of the lung might possibly be in the first stage.

He therefore ordered 4 cupes to be applied over the seat of pain. - About 5 ounces of blood was abstracted. The same treatment continued.

15th, Patient rested well last night, and expresses himself better to-day. Pulse more calm, and 84 in the minute; respirations easier and not so frequent. Crepitatio redux was distinctly heard at the posterior angle of the Scapula. Vocal tremor was faintly perceived over a portion of the consolidated lung. The cough is easier, and there is less pain. Tolerance having been established the Antimony was increased to half a grain at a dose.

As there has been no action on the bowels to-day a dose of castor-oil was prescribed. The oil failing to operate, an enema was ordered. 16th, The Patient is better to-day.

The enema produced several fecalent stools.

The same treatment continued.

17. ⊗ ⁇. He is gradually improving. Mucous and sub-crepitant rhonchi were heard over a large portion of the posterior surface of the chest, indicating that the air is beginning to enter the lung.

Pulse calm, and 84 in the minute; respiration almost natural and 32 in the minute. The bowels have not been evacuated for 24 hours. - he was ordered

℞

Magnes Sulph ℥ß
Syr. Rhei ℥ß

M. S.

Give at once.

December 18 - Pulse 64, and Calm; respirations 26 in the minute. - Slight ptyalism having been established the mercury was discontinued. - The antimony continued in the same doses. He had a slight hemorrhage from his nose this evening. - December 22nd, For the last four days the patient has been gradually improving. Yesterday the pulse was 60 in the minute, and somewhat depressed. There was also some dryness and heat of skin. The antimony was discontinued, and the following ordered as a stimulating diaphoretic and placebo. Rx.

Liq. Ammon. Acetat ℥ss

S. every 2 hours.

December 27th - The patient is convalescent, and is walking about his room.

The diaphoretic mixture was discontinued, and the following prescribed as a stimulating diaphoretic ℞

Rad Senegæ
Fol Eupatorii aa ℥ ii
Aqua Bull Oj -

M D ft Infus. S. Two tablespoonfuls every two hours.

Jan 8th - The patient was discharged cured.

The peculiar and most interesting phenomena in this case, was the absence of vocal tremor; and the bright scarlet hue of the sputa. The vocal tremor instead of being augmented, was wholly abolished.

Why was it. It is really difficult to say.

It did not depend upon pleuritic effusion, as tubal respiration was distinctly audible.

It is supposed by some to depend upon, dense solidification of the lungs; and by others to obstruction of the larger bronchi.

According to the theories advanced by Dr. Walsh, Phthisis Co-existed in this case.

A Case of Typhoid Fever, with hemorrhage from several important viscera.

Randall Williams, negro, æt 26. was admitted into the Baltimore Infirmary, March 4th, 1859, under Dr. Frick's care.

He resided in Maryland, and was by occupation a farm hand. His previous habits had been very good; and he had never been ill. About ten days before admission he had been exposed to great cold, and the following morning was seized with a rigor, which was followed by the usual symptoms of fever. At the time of his entrance he presented the following symptoms. He had cough, pain in the right iliac region, tenderness upon pressure, tympanitic

distention of the abdomen, gurgling, and diarrhea. On examining the chest humid rhonchi were heard in both lungs. His pulse was 84, and respirations 22 in the minute. He also complained of great pain in his back and head. He was ordered as a stimulating expectorant. ℞

Syr Scillae.

Syr Senegae. aa ℥ 1.

S. Tea-spoonful every 4 hours.

He was also ordered as a nervous stimulant.

℞

Pulv Opii gr 1/4.

Pulv Assafoetidae grs 11.

M. d. ft pil. S. every 3 hours.

Wine and beef-tea freely.

March 7th, up to this time but little if any change in his condition has been observed. He was thought to be worse to-day. The diarrhea had ceased, prostration greater; pulse 82, respirations 20 in the minute. He was ordered the following prescription.

℞ –

Liner Ferri Chloridi gtt ++.

S. Every 3 hours.

The pills were discontinued.

The wine & beef. tea administered "ad libitum."

March 9th, During the past two days he has been failing rapidly. His pulse to-day is 80 in the minute, and his respirations 18. – This morning he had a large hemorrhage from his lungs, and stomach.

An examination of his chest, reveal.

dulness upon percussion over both lungs posteriorily, but more extensive upon the left side. Upon applying the ear to the chest, hurried rhonchi were heard in the lower portion of both lungs posteriorily; evidencing hypostatic congestion.

The following was prescribed. ℞

℞ Tereb. Oleo gtt X. S. every 3 hrs. alternating with the iron.

March 10. The patient is much weaker to-day. Pulse 84, and double-beated; respirations 24 in the minute. He had a large hemorrhage from his bowels this morning, which has had the effect of greatly adding to the pre-existing prostration.

The evacuations contain very little fecal matter, - consisting chiefly of blood.

The same treatment continued.

March 12th, The patient is worse than at our last report:- pulse 112, and diarrhœa, respirations 28 in the minute. In addition to the hemorrhage from the several viscera mentioned, there was a large amount of blood passed by the kidneys last night. March 14th, But very little change has been observed in his condition, for the past two days.

The same treatment continued.

March 15th, To-day he is considerably worse. His pulse is 152, and his respirations 40. He is delirious, and very much prostrated. The hemorrhage from the several viscera still continues at intervals.

Dr. Fitch, fearing that the hemorrhage from the kidneys might in part be attributed to,

or assisted by, the turpentine, ordered it to be discontinued. He was ordered the following prescription. ℞.

Ammoniae Carb gr v. S. every hour.

12, O'clock, M.

The Patient is rapidly failing. The powerful stimulants administered, seem to exert but little influence upon the flagging powers of life. The hemorrhage still continues unchecked. . . . . The Patient gradually sunk, and at 5 O'clock P. M. expired in a state of asphyxia.

Autopsy six hours after death, revealed congestion of the lungs.

They were also red, friable, and engorged with blood, and bloody serum.

The mucous membrane of the stomach

was redder than natural, and thickly studded with dark red points. There was adipose degeneration of the liver. — The kidneys were enlarged, and congested. The cortical portion of a darker hue, and interspersed with red points of extravasated blood.

The elliptical patches of Peyer, were in various degrees of alteration.

Some of them were soft, and elevated; while others were irregular, ragged at their edges, and in a state of ulceration.

A case of Syphilis.

Michael Callahan, aet 27, a nation of Ireland, a sailor, was admitted to the Baltimore Infirmary, May 24th, 1859, under Dr. Millenberger's care.

He was a strong muscular man, and apparently of good constitution. This patient had two weeks previous, contracted a chancre at the base of the glans-penis, which inoculated itself by contiguity of tissue, on the corresponding part of the prepuce. At the time of his admission the chancres were still in the stage of increase; their bases were not indurated. The edges of the chancres were elevated, red, and somewhat hardened.

The later due to inflammation.

The surface of the chancres was bathed in a greenish looking pus. They were recognized as non-indurated or soft chancres.

No particular treatment had been used.

The following was prescribed. ℞.

Potass Iod ℥ii.

Syr Ferri Iod ℥ß.

Syr Com Sarsae ℥iii.

M. S. Table-spoonful three times a day in a tumblerful of water. Also

℞.

Zinci Acetat gr xii

Morphiae Sulphat gr i

Aquae Distil ℥iv.

M. S. Apply to Chancres.

May 27th. The Chancres present a better appearance to-day. As there had been no action on the bowels for twenty-four hours, he was directed to have a saline aperient.

June 2nd, The chancres were rapidly healing, when after some undue exertion they became irritated; and on the next day, the patient felt pain in his right groin, in which a bubo, soon showed itself.

June 4th, - The bubo is hard, very painful to the touch, and seated in the superficial ganglions. It was directed to be poulticed.

The same treatment continued.

June 6th - Fluctuation was perceived at the summit of the bubo. - It was opened with a lancet, and a bloody, bad smelling pus escaped. - A cataplasm was placed on the bubo; and the same remedies continued.

June 10th, - The chancre on the glans penis, has disappeared, without leaving any induration. The ulcer on the prepuce has nearly healed,

its surface presents a healthy appearance.

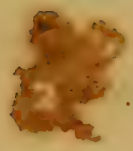
There was a more healthy looking suppuration from the surface of the bubo to-day, and the induration at its base has decreased.

June 18th — The bubo is rather tardy in healing. Some induration still remains at its base.

It was directed to be dusted with Pulv. Cantharides.

June 20th — The bubo has nearly healed. The application of Cantharides has produced the desired effect.

June 25th — The bubo is well, — on the 28th the patient was discharged.



A Case of Syphilis.

Patrick Kelley, aet 35, native of Ireland, by occupation laborer, was admitted to the Baltimore Infirmary, under the Care of Dr. Millenberger, June 29th 1859.

He was a small stout man, of a sanguine and irritable temperament.

He stated that ten days previous to his admission, after an impure connection, he had noticed a small pimple on his glans penis.- At the time of his entrance the chancre presented the following appearance.

It was of a livid color; deep and excavated. The base and edges, were hard as cartilage,- the hardness was circumscribed. It seemed as if it had been cleanly cut out with a punch. There was very little pain or inflammation. Its surface was covered

with a thin semi-transparent fluid

Dr. Millenberger, immediately recognized it, as a true "Hunterian or Indurated" Chancre.

He had received no treatment.

The following plan of treatment was adopted. ℞

Map Hydrarg gr v.

S. Three times daily.

The Chancre was Cauterized with Argent Nitras, and the following dressings prescribed... ℞.

Hydrarg Bi Chl. ʒ ss.

Aquæ Calcis ℥ viij.

M. S. Saturate a piece of lint, and apply to chancre.

July 5th. A bubo developed itself in the right groin: it was very large

and the fluctuation at its summit doubtful.

It was directed to be poulticed.

July 7th.- Fluctuation was become evident.

It was opened with a lancet and discharged a thin bloody pus.

A cataplasm was placed upon the opened bubo, and the same dressing continued to the chancre. July 10th. The chancre has perfectly healed. Ptyalism having been established, the mercury was discontinued, and the following prescribed. Rx.

Potass Iod grs v.

S. Three times daily.

July 20th. All being healed without any induration remaining, the patient was discharged.

A Case of Paraplegia

James Browner, a native of Maryland, aged 35 years, by occupation farm-hand, was admitted to the Baltimore Infirmary on the 14th, of September, 1859.

The following is the account given to me by the patient when admitted. He stated that about twelve months previous, while working in the field, he had been exposed to wet, and cold.- And that on the succeeding day, he was too unwell to leave his room. A physician was sent for, who gave him medicine, and in the course of a few days he was again well enough to go about his work. Sometime afterwards, he experienced a sensation of tingling, and numbness in his lower extremities; accompanied by muscular weakness, and some unsteadiness in his gait.

This was soon followed by loss of motion in his lower extremities. His general health in the meanwhile became impaired, whilst the loss of motion in the extremities continued, up to the period of his admission into the Infirmary. Upon investigating his condition, it was found that sensation was unimpaired, and reflex action was well marked.

The muscles of the lower extremities were flaccid and very much attenuated.

There was no paralysis of his bladder or rectum.

The urine and fæces were passed as in health. The urine was alkaline, offensive, and deposited adhesive mucus.

An extremely interesting fact in this case, was, that by irritating the soles of the feet, reflex action was brought into play.

It was further observed, that while evacuating his bladder, involuntary contractions of the muscles were produced; though they utterly refused to obey the will. He was very much prostrated and suffered exceedingly from a large bed-sore on his right hip.

The paralysis was supposed to be the result of inflammation of the spinal cord, and its meninges. It was evident that he would derive very little benefit from the use of medicine. He was ordered the following prescriptions. ℞.

Potash Iod. grs v.

S. Ter-die - Wine, and good nutritious diet.

The bed-sore was directed to be poulticed.

Oct 1st, The patient is evidently sinking.

The bed-sore presents rather a better

appearance. The same treatment continued.

In view of his extreme prostration, Ol Morphine was ordered, but he was unable to retain it. - Oct 20th, He continued to fail rapidly, and died about 4 O'clock P. M. apparently from pure exhaustion.

Autopsy thirty-two hours after death.

In consequence of the great length of time, which intervened between his death, and the examination, it resulted not very satisfactorily.

A portion of the softening of the cord, was the result of post-mortem changes. In the upper portion of lumbar-vertebrae, the softening of the cord was more decided.

There was also about two-tablespoonful of serous fluid in the spinal cavity.

Gun Shot Wound of the Brain.

Baltzer Mort, aetat. 29. - Residence near Ladiesburg. Frederick Co, Md. - Occupation, Boot & Shoe Maker.

This individual was accidently shot by his brother-in-law, Joseph Fogle, whilst hunting, on Monday September 28th 1859. At the time of the accident he was some three miles from home, whither he was conveyed by some neighbors, as speedily as practicable. My Uncle Dr. John E. H. Liggett saw the patient some three hours after he had received the wound, and found him in the following condition.

Countenance pale and anxious. - Extremities cold - Pulse feeble & 46 in the Minute. - Respirations slow, and somewhat labored - Pupils natural - Appeared to be perfectly conscious of his condition, and answered questions readily. The muscular prostration was not

so great as might have been anticipated, as he had walked from the vehicle, in which he had been conveyed, home, into the house, (supported by two friends,) and assisted in removing his clothing, previous to being placed in bed. At the time of being visited, he could readily raise himself in bed, and alter his position at pleasure. Upon examining the wound it was found that, the load of shot had struck the os frontis about the middle of the right superciliary ridge, tearing away a portion of the eye brow, and passing, apparently, obliquely upward and outward in the direction of the posterior & superior portions of the temporal region. Upon closer examination it was found that both tables of the skull had been carried away, of about the size of a shilling,

presenting a ghastly wound, through which portions of brain were extruded. Upon exploring the wound, it was discovered that the shot had diverged from the direction supposed, (from the external aspect of the wound,) to have been taken; and had, in fact, traversed nearly the whole of the right cerebral hemisphere, in the direction of the right superior portion of the Os Occipitis. No foreign substance was discovered in the wound, except a splinter of bone, which was removed, the wound cleansed and dressed, and the patient placed in a comfortable position. Sinapisms were applied to the extremities & bottles of hot water directed to be placed about the patient with the view of hastening reaction.

7½ o'clock P. M. Visited the patient with

Dr. Le, and found a moderate degree of reaction had been established. There was general warmth of surface. - Pulse 65 and of moderate volume - Respiration nearly natural - Pupils natural. There was a slight tendency to drowsiness, but when aroused, his mind was unclouded. Cold water dressing to wound. - a gentle diaphoretic mixture ordered, and strict rest in a darkened room enjoined.

29th, 8. O'clock A. M. Patient rested quietly through the night until about day light, when he became restless and moaned at intervals.

There was now increased heat of surface, with much thirst. - Tongue moist but furred. -

Pulse 114, but without much force - Respiration 35 - Pupils slightly contracted - Mind still clear - The muscles of the left side of the neck, somewhat

rigid. External wounds looks well, but several small pieces of bone having become detached, were removed. – The cold water dressing was continued, and iced water ordered as a drink.

A tablespoonful of a saturated solution of Magnes. Sulph, was directed every two hours, until the bowels are properly purged.

8 O'clock P. M. Condition of patient much the same as at our morning report, except that the pulse has increased to 120 & the respirations to 38. – and there is more tendency to drowsiness.

Most of the saline solution having been rejected by the stomach, his bowels have not been moved. An enema of soap & water was ordered, to be repeated every hour, until the bowels are moved. Cloths dipped in iced water to head, and iced drinks continued.

30th, 8 p.m. Oclock, A.M. The 2nd enema had produced two free evacuations and the patient expresses himself as feeling slightly improved.

There is less heat of surface, & the pulse has fallen to 100, and has rather more volume.

The respirations, however, continues at 38, & rigidity of the muscles of the left side of neck increased. There is, also, some slight difficulty in swallowing.

8 Oclock. P.M. Dr. Liggett having been detained by a professional engagement, at the above hour I saw the patient alone. I was informed that early in the afternoon he had sat up in bed, and eaten, with difficulty, but with apparent relish, a small quantity of bread & milk, which he had asked for.—

But, contrary to orders, a large number of persons had been admitted to the rooms during the afternoon & evening, & I found him much worse.

The pulse was now 150 - Respiration 44 - Pupils contracted to a mere point, & heat of skin intense. For the first time the patient appeared to be somewhat delirious. The external wound continued to present a rather favorable appearance. After clearing the rooms of visitors, and desiring that the night be kept strictly quiet & secluded, I proceeded, in view of the great heat of surface, to sponge the body lightly with cold water, which lessened the temperature considerably, - greatly abated the restlessness, and appeared to render the patient more comfortable.

After directing enemata, with a continuance of the cold applications to the head & iced drinks, I

took my leave. Oct. 1st, 8 o'clock, A.M.

Visited Mont in company with Dr. Le, and found him in a sinking condition. Heat of trunk much diminished whilst the extremities are cooler than natural. Pulse 160, feeble & thread like - Respiration slow & laborious, without actual stertor - Left pupil nearly natural, whilst the right is widely dilated - The patient can be roused with difficulty & there is complete Paralysis of the left side. The external wound presents a rather sloughy appearance. The patient is evidently sinking rapidly - The wound was dressed with a plaster of lint, & wine ordered "ad libitum" - but as the difficulty of deglutition had materially increased, it was not supposed a sufficient quantity could be given to rally the flagging powers of life, which opinion proved correct, as he continued

to sink until 5½ o'clock, P. M. when he expired without a groan.

Autopsy 14 hours after death.

Appearance of Dura Mater natural. – Pia Mater and Arachnoid Membrane deeply injected, and presenting a beautiful net work of vessels – Substance of brain presented no traces of inflammation except around the track of the wound, which was found to have traversed the right cerebral hemisphere from the os frontis – to within half an inch of os occipitis, where the lead was found lodged about an inch above the falx cerebelli.

A considerable amount of fluid was found at the base of the brain, between the Pia – Mater and Tunica Arachnoidea.

The

Inaugural Dissertation

of

Submitted to the examination

of the

Honorable Regents and Faculty

of the

University of Maryland

in

Degree of Doctor of Medicine

of

Baltimore

Apoplexy.

In compliance with the rules of the University; that every candidate for "Medical Honours" shall [illegible] a thesis on some Medical Subject. I offer the following essay on Apoplexy as a Thesis for graduation.

There are few diseases which present a greater variety of modes of attack, or which depend more on [illegible] of lesion of the organ affected, than the one now about to be considered. From the violence and suddenness of its attacks, it is justly esteemed one of the most distressing and formidable diseases to which humanity is liable; the delicacy and vital importance of

the organ attacked by this disease and its cause so rapid. That in a short moments it may commit irremediable mischief, and may, in the brightest moment that society has to boast. Apoplexy sometimes seizes suddenly, without any premonitory symptoms, [illegible] to the ground as if [illegible] at once. [illegible] the [illegible] mind. It is much more frequently preceded by various symptoms, such as [illegible] the most precursory symptoms are a [illegible] of the sleep at unaccustomed periods, a heavy sleep, [illegible] accompanied with [illegible]

or disturbed sleep; nightmare; [illegible]
a lethargic feeling and drowsiness [illegible]
[illegible] incoherent talking
[illegible] expression [illegible] of
of the countenance; [illegible] [illegible]
[illegible] of epilepsy; loss of recollection;
[illegible] [illegible] more [illegible]
before the eyes; diminished vision;
([illegible]) [illegible] in the ear; [illegible]
of hearing; staggering or indistinct
articulation; [illegible] in the [illegible] of motion
of the extremities, when to these symptoms
[illegible] succeeds, the [illegible]
[illegible] called, the [illegible]
open, fixed and glazed; respiration
is difficult, irregular and stertorous

[illegible] his bowels are always constipated

[illegible]

[illegible]

Heartburn. [illegible]

attack does not always come on in the same manner in the second

[illegible]

in general more gradual, the face

[illegible] the pulse grows weak and intermittent, the patient becomes faint and sick, and usually [illegible] sometimes falls into a stupor [illegible] sometimes the attack is accompanied only by slight and transient confusion. He generally recovers from these symptoms

[illegible] a great sensation of effects [illegible],
but the headache predominates, at the same
interval of [illegible], which is hence [illegible]
[illegible] [illegible] [illegible]
[illegible] moons, sometimes there is insan-
ity. When the disease comes on
in [illegible] it is [illegible] [illegible]
former, although it does not appear
so dangerous as that in which the
patient [illegible] [illegible]
[illegible]. The third form of attack
is [illegible] [illegible] [illegible]
at the body. This sometimes [illegible] [illegible]
[illegible] he [illegible] retains his consciousness
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

not so well in future. As the Rase
advances, the remission sometimes ceases
into a relapse, or the patient may recover
or he may improve upto a certain point
and have a lapse. he may recover the
power of [illegible] [illegible]
it attro him and he thus leads out
a miserable existence, untill God in
his infinite mercy takes him from
this world of [illegible]. The persons
most liable to the disease, are those
whose ancestors have had the disease
and those of a [illegible] age, it is stated
by some writers that persons with
large heads, [illegible] [illegible]
[illegible] more [illegible] [illegible] supp [illegible]
[illegible] [illegible] [illegible] [illegible]

women are more often at fault and more
attacked by it. In cases of the causes,
poison, medicinal, and exciting, have caused
[illegible] in [illegible], when the
[illegible] of the vital energy and circulation
of the [illegible], presses on the brain, or [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible], in the Ventricles of the brain,
[illegible] [illegible] [illegible] [illegible]
the male sex owing to their habits
[illegible] [illegible] [illegible] [illegible]
[illegible] in the far advanced stages of life.
Long and intense thought, disappointments,
[illegible] [illegible] [illegible] [illegible]
and changed position in life and society,
[illegible] [illegible] [illegible] [illegible]
[illegible] and epileptic hysterical [illegible]

use of the rank animal food, habits of [illegible]

humorsome, frequent indulgence in [illegible] after a full meal &c.; these are the most [illegible] attack. This disease is more frequent among the stations than in other [illegible] particularly in the iron [illegible]

Diagnosis

Having given the phenomena of dyspepsy, it [illegible] say something with regard to the [illegible]

The diseases in [illegible] such as [illegible] Scurvy [illegible] the difference between [illegible]

[illegible]

[illegible] pale, while

[illegible]

the eyes are closed, while in

the [illegible] state. [illegible]

and temperament of the subject we may

[illegible]

persons of delicate habits, and therefore

[illegible] the transition, being [illegible]

to hypnotic, while unconsciousness in

[illegible]

[illegible] and [illegible] more

[illegible]

judgment than females being the victims

of hypnotism.

voluntary motions are [illegible]

[illegible] Epilepsy, but [illegible]

Consider the convulsed state of

[illegible] epileptic patient, and particular

[illegible] this has been preceded by

[illegible] aura termed "Epileptic Aura"

[illegible]

[illegible] longer be doubted whether

it never attended with epileptic convulsions,

[illegible] ought be instead the

"Epileptic Aura". [illegible]

induced by immoderate use

[illegible]

[illegible] however [illegible]

[illegible] a great deal can

Prognosis.

[illegible] of the disease it is almost impossible to foresee the events in others.

[illegible] may be formed with considerable certainty. In forming the prognosis we should [illegible] constitutional, the [illegible] the state [illegible] particularly of the [illegible] the lungs. The abdominal functions, secretions, &c. [illegible]

of the Nerves

particular

Coma and other symptoms are slight

and the strength not much exhausted

the probability in favour

for some

five days, and the

unfavourable sign, still

is but little hope.

Chronic but death or hemiplegia. Since

attack is more violent or prolonged

[illegible]

tically [illegible] to [illegible] such [illegible]

[illegible]

[illegible]

[illegible] antiphlogistic regimen

should be strictly observed, [illegible]

[illegible]. 4. Vegetable diet should

be employed and [illegible] [illegible] of [illegible]

[illegible], the bowels should

be kept open by some mild laxative

[illegible] [illegible]. Sleep should be

[illegible]

[illegible] [illegible] determine the blood to the

head should be avoided

[illegible]

[illegible]

[illegible]

[illegible]

disease has long furnished subjects of discussion, not only as respects the more [illegible]

breathe from external or internal causes, [illegible]

these [illegible] should be immediately and promptly [illegible]

place the patient in a semi-recumbent posture, [illegible]

[illegible]

[illegible]

and back part of the head should be used, if the bleeding has been limited to much to the [illegible] of vessels.

We must be very cautious however and not [illegible] bleeding too far, when the pulse is [illegible] or [illegible] feeble if the body opens, the pulse not full or strong or little fuller than natural, the heat of the skin not increased, and the countenance neither [illegible] [illegible] we must [illegible] [illegible] of this kind local depletion

[illegible]

[illegible] the pain, [illegible] to the mid

and behind the ears seem sympathetic. There

is no reason against venesection if the

symptoms indicate its propriety, but when

[illegible] the question is

likewise indicated, is a strong reason

for great caution in its adoption and

[illegible] [illegible]

[illegible] is more [illegible] than

those employed either indiscriminately

[illegible]

or even fatal collapse, active sweating

is most [illegible] of [illegible] is very

general, [illegible] [illegible]

many [illegible]

cases it is often difficult, and sometimes

almost impossible to administer purgatives especially in the usual dose by the mouth but we have always succeeded by giving Calomel from ten to fifteen grains in fresh butter and placing it upon the root of the tongue. In sudden and severe cases two or three grains of Croton oil or a drop of Croton oil. Whilst we are waiting the operation of the purgatives, it will be advisable particularly [illegible] and increased action of the cavities to bleeding the feet and legs in warm water and [illegible] either in the form of salt water or [illegible]

[illegible] as soon as the [illegible] of
the head becomes natural, and the
[illegible] of the features entirely [illegible].
2d The following saline medicines may be
employed [illegible] with [illegible] the
action of the heart and the action of
the brain:— the [illegible]
[illegible]
Spirit of Ammoniacum aquosus. Emetics
are among the means the [illegible]
of which has been most [illegible]
When the attack has been brought on
by an overloaded state of the stomach
by intoxication, narcotic poisons, or
[illegible] and [illegible]
When hemiplegia is not present, or
if the attack [illegible] of the [illegible]

and full nutrition has been performed, the patient may be held up for an instant or more. When the apoplectic attack has been occasioned by [illegible] or potatoes, the stomach should be emptied by the stomach-pump, or by an emetic or stimulants as camphor and ammonia should be given.

During the convulsive fit, the prevention of the paralytic or simple apoplexy towards usual should be [illegible]

Some attention to the more remote causes of the period of attack decides, first, [illegible] the [illegible] in the [illegible] and [illegible]

the documents before the office. As
we are informed, the patient's condition
changed very much about the
time of the change, has been quite good
night and morning.

Upon Consideration, respecting the diet and
regimen, as well as the other means of
treatment, first, they should be governed
entirely upon the peculiarities of the
case, the chief should in general be
mild, antiphlogistic, & farinaceous &
to avoid that which is particularly
being injured. The chief part of the
regimen in all cases is the particular avoidance
of the predisposing, contingent and specific
causes of the disease.

[illegible]